

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L91601 (9)**  
1. Corporation Name  
**MARJUDIX, INC.**



Principal Place of Business: **6712 N.W. 18TH DR GAINESVILLE FL 32606**  
Mailing Address: **6712 N.W. 18TH DR GAINESVILLE FL 32653-846 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>06/02/1990</b>	<b>01/31/1995</b>
4. FEI Number	Applied For / Not Applicable
<b>59-3020993</b>	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GOULD, ROBERT W.  
6712 N.W. 18TH DR  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0609, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> DELETE
D	GOULD, ROBERT W.	11103 N.W. 11TH AVENUE	GAINESVILLE FL	
D	GOULD, MARCIA R.	11103 N.W. 11TH AVENUE	GAINESVILLE FL	
D	LEWIS, RICHARD O.	3611 N.W. 23RD PLACE	GAINESVILLE FL	
D	LEWIS, JUDY S.	3611 N.W. 23RD PLACE	GAINESVILLE FL	
D	PROCTOR, CHARLES L. II	6051 N.W. 19TH LANE	GAINESVILLE FL	
D	PROCTOR, DIXIE L.	6051 N.W. 19TH LANE	GAINESVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	
22	NAME	
23	STREET ADDRESS	
24	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	
32	NAME	
33	STREET ADDRESS	
34	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	
42	NAME	
43	STREET ADDRESS	
44	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51	TITLE	
52	NAME	
53	STREET ADDRESS	
54	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61	TITLE	
62	NAME	
63	STREET ADDRESS	
64	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: *X RW Gould*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96 (352) 375-7687

CR2E034 (12/95)