FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:42

DOCUMENT # **M79207** **(0)**

1. Corporation Name
MARDEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
PO BOX 638 PALM HARBOR FL 34682-0638 US	PO BOX 638 PALM HARBOR FL 34682-0638 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1988
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business
21 P.O. Box 1097
22 Suite, Apt. #, etc.
23 City & State: CRYSTAL BEACH, FL
24 Zip: 34681-1097
25 Country: USA

2a. Mailing Address
26 P.O. Box 1097
27 Suite, Apt. #, etc.
28 City & State: CRYSTAL BEACH, FL
29 Zip: 34681-1097
30 Country: USA

4. FEI Number: 59-2895422 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, MICHAEL A.
11875 CEDAR ST
DUNNELLON FL 34430

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11875 CEDAR STREET
83 P.O. BOX 1909
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	☒ Change ☐ Addition PSTD
NAME	GORDON, MARDEN S.	1.2 NAME	GORDON, MARDEN S.
STREET ADDRESS	29850 US HWY 19 N	1.3 STREET ADDRESS	P.O. BOX 1097 (N/A)
CITY-ST-ZIP	CLEARWATER FL 34621	1.4 CITY-ST-ZIP	CRYSTAL BEACH, FL 34681-1097
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(i), 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 or 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 attachment with an address.

SIGNATURE: Marden S. Gordon, President (MARDEN S. GORDON) 03/06/95 (813) 787-1349
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461102 FP