FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE

APPROVED
FILED

DOCUMENT # **M81785** **(1)**

1. Corporate Name
MALONE INDUSTRIES, INC.

Principal Place of Business
2107 FOXWOOD DRIVE
ORANGE PARK FL 32073

Mailing Address
2107 FOXWOOD DRIVE
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 City, State, Zip
22 Country
23 U.S. State
24 Zip 25 Country

2a. Mailing Address
26 City, State, Zip
27 Country
28 U.S. State
29 Zip 30 Country

4. FEI Number: 59-2899618 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Uniform Commercial Code Filing Fees — $5.00 May Be Added to Fees
8. The corporation has initially elected or previously has elected to be governed by Section 607.0850 of the Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MALONE, JOHNNY LEON
2107 FOXWOOD DRIVE
ORANGE PARK 32073

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to Section 607.0505 of the Florida Statutes, the above named corporation submits the 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. Having accepted the appointment as registered agent, I am familiar with and hereby accept the obligations of that position as provided for in Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

TITLE	DP
NAME	MALONE, JOHNNY LEON
STREET ADDRESS	2107 FOXWOOD DR.
CITY, STATE, ZIP	ORANGE PARK FL
TITLE	DST
NAME	MALONE, MARY CAROLYN
STREET ADDRESS	2107 FOXWOOD DR.
CITY, STATE, ZIP	ORANGE PARK FL

13. ADDITION, CHANGE OR DELETION OF OFFICERS AND DIRECTORS
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, amended and true and complete, to the extent required by Section 607.0505, Florida Statutes, I further certify that the information to be placed on the annual report or supplemental annual report is true and correct to date and that my signature shall serve the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent or an authorized representative of the registered agent as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: Mary Carolyn Malone 4-30-95 904-269-5393
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARY CAROLYN MALONE

0004407 CP