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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
MALONE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2107 FOXWOOD DRIVE ORANGE PARK FL 32073	2107 FOXWOOD DRIVE ORANGE PARK FL 32073-5106

3. Date Incorporated or Qualified: 06/01/1988
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business
21 P.O. Box 1061
Suite, Apt. #, etc.
22 —
City & State
23 Orange Park, FL
Zip / 24 32067 / Country 25 CLAY

2a. Mailing Address
26 P.O. Box 1061
Suite, Apt. #, etc.
27 —
City & State
28 ORANGE Park, FL
Zip 29 32067 / Country 30 CLAY

4. FEI Number: 59-2899618 ☐ 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

MALONE, JOHNNY LEON
2107 FOXWOOD DRIVE
ORANGE PARK 32073

10. Name and Address of New Registered Agent

81 Name: MALONE Felicia Ann
82 Street Address: (P.O. Box Number is Not Acceptable) 611 PONTE VEDRA LAKES BLVD
83 #2502
84 PONTE VEDRA BCH FL 32082 FL / 85 Zip Code 320082

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: Felicia A MALONE. DATE: 3-21-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MALONE, JOHNNY LEON		1.2 NAME	
STREET ADDRESS	2107 FOXWOOD DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	P / C ☒ Change ☐ Addition
NAME	MALONE, MARY CAROLYN		2.2 NAME	MALONE MARY CAROLYN
STREET ADDRESS	2107 FOXWOOD DR.		2.3 STREET ADDRESS	P.O. Box 1061 N/A
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	Orange Park, FL 32067
TITLE		☐ DELETE	3.1 TITLE	VP/D ☐ Change ☒ Addition
NAME			3.2 NAME	MALONE Felicia ANN
STREET ADDRESS			3.3 STREET ADDRESS	611 PONTE VEDRA LAKES BLVD #2502
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PONTE VEDRA BCH FL 32082
TITLE		☐ DELETE	4.1 TITLE	S/T ☐ Change ☒ Addition
NAME			4.2 NAME	CHRISTINE M. COVINGTON
STREET ADDRESS			4.3 STREET ADDRESS	P.O. BOX 1061
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORANGE PARK, FL 32067 N/A
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Felicia A MALONE 3-21-97 904-269-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0015315