FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 24 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24233 (1)

1. Corporation Name
MARION PINES PIONEERS, INC.

Principal Place of Business	Mailing Address
MILLIE KIMBLE C/O ~~CLIFF DAVENPORT, JR.~~ ~~P.O BOX 4333~~ — 2828 N.E 49th Ave ~~OCALA FL 34478-4333~~ # 137 ~~US~~ Ocala, Fl 34470	C/O CLIFF DAVENPORT, JR. P.O BOX 4333 OCALA FL 34478-4333 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1988	3a. Date of Last Report: 01/31/1994
4. FEI Number: NOT APPLICABLE	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 SAME
Suite, Apt. #, etc. 22 2828 N.E. 49 AVE. LOT 137	Suite, Apt. #, etc. 27
City & State 23 OCALA, FL	City & State 28 Ocala, Fl.
Zip / Country 24 34470-3267 / 25 USA	Zip / Country 29 34470 / 30 Mi Marion.

9. Name and Address of Current Registered Agent

DAVENPORT, CLIFF JR.
2828 N.E. 49TH AVE.
LOT #145
OCALA FL 34470 - 3267

10. Name and Address of New Registered Agent

31 Name: Sreenan, Edward O.
32 Street Address (P.O. Box Number is Not Acceptable): 2828 N.E 49th Ave # 97
33
34 City: Ocala FL 35 Zip Code: 34470

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: Edward O Sreenan Pres. 5/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ ~~D~~ (T)	1.1 TITLE	Pres. ☒ Change ☐ Addition
NAME	BASHAM, FRED	1.2 NAME	Sreenan, Edward O.
STREET ADDRESS	2828 NE 49TH AVE, LOT #29	1.3 STREET ADDRESS	2828 N.E 49th Ave # 97
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala, Fl 34470
TITLE	VP	2.1 TITLE	V.P. Olden, Toby ☒ Change ☐ Addition
NAME	KERZIC, BILL	2.2 NAME	
STREET ADDRESS	2828 N.E. 49TH AVE - LOT #38	2.3 STREET ADDRESS	2828 N.E. 49th Ave # 119
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Ocala, Fl 34470
TITLE	S	3.1 TITLE	Sec. ☐ Change ☐ Addition
NAME	SREENAN, DOROTHY	3.2 NAME	Sreenan, Dorothy
STREET ADDRESS	2828 N.E. 49TH AVE - LOT #97	3.3 STREET ADDRESS	2828 N.E 49th Ave #-97
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Ocala, Fl. 34470
TITLE	TD	4.1 TITLE	Treas. ☒ Change ☐ Addition
NAME	~~DAVENPORT, CLIFF~~	4.2 NAME	Kimble, Millie
STREET ADDRESS	~~2828 NE 49TH AVE,LOT 145~~	4.3 STREET ADDRESS	2828 N.E 49th Ave # 137
CITY-ST-ZIP	~~OCALA FL~~	4.4 CITY-ST-ZIP	Ocala, Fl 34470
TITLE	~~VPD~~ (D)	5.1 TITLE	2nd V.P. ☒ Change ☐ Addition
NAME	BERRY, DICK	5.2 NAME	Denlinger, Carol
STREET ADDRESS	2828 N.E. 49TH AVE - LOT #36	5.3 STREET ADDRESS	2828 N.E. 49th Ave # 40
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala, Fl. 34470
TITLE	D	6.1 TITLE	D ☐ Change ☒ Addition
NAME	STORER, DON	6.2 NAME	Marquette, Neal
STREET ADDRESS	2828 N.E. 49TH AVE. - LOT #2	6.3 STREET ADDRESS	2828 N.E. 49th Ave # 89
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	Ocala, Fl. 34470

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward O Sreenan 5/15/95 904-236-5620
SIGNATURE AND TYPED OR PRINTED NAME OF ~~DIRECTOR~~ OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward O Sreenan

0066445