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

APPROVED AND FILED
95 APR 18 PM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18811** **(0)**

1. Corporation Name
MARION A. ALLEN, INC. OF GEORGIA

Principal Place of Business	Mailing Address
304 EAST MAIN STREET FORT VALLEY GA 31030	304 EAST MAIN STREET FORT VALLEY GA 31030

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/13/1988**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **58-1770921** ☐ 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

KNIGHT, JAMES F
314 SECURITY SQ BUSINESS CTR
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: _____ 04-10-95
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	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, MARION A.	1.2 NAME		
STREET ADDRESS	1011 HARRIS DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT VALLEY GA	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, GARY	2.2 NAME		
STREET ADDRESS	RT. 4 BOX 1880	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT VALLEY GA	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, JEANETTE J.	3.2 NAME		
STREET ADDRESS	1011 HARRIS DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT VALLEY GA	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, TRICIA	4.2 NAME		
STREET ADDRESS	1516 WOOLFOLK RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT VALLEY GA	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: Jeanette J. Allen 4-6-95 912-825-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jeanette J. Allen

040618 FN