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 27 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031189 (2)**

1. Corporation Name
MARDEN GRAPHICS, INC.

Principal Place of Business	Mailing Address
1017 GRIFFIN RD. #208W LAKELAND FL 33805	1017 GRIFFIN RD. #208W LAKELAND FL 33805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 2304 Lakeland Hills Blvd
22 Suite, Apt. #, etc.: Suite #1
23 City & State: Lakeland, FL
24 Zip: 33805 25 County: ~~[illegible]~~ USA

2a. Mailing Address
26: P.O. Box 90654
27 Suite, Apt. #, etc.:
28 City & State: Lakeland, FL
29 Zip: 33804 30 County: ~~[illegible]~~ USA

4. FEI Number: 59-3186091 ☐ 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

WEATHERFORD, MARLENE
1017 GRIFFIN RD.
#208W
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2304 Lakeland Hills Blvd
83: Suite #1
84 City: Lakeland FL 85 Zip Code: 33805

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: _____ (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D WEATHERFORD, MARLENE 9926 WILDER RD. POLK CITY FL 33868	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROBERTS, JOANN 9930 WILDER RD POLK CITY FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PUSATERI, DENNIS 1017 GRIFFIN RD., #208W LAKELAND FL 33805	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☑ Change ☐ Addition 227 Village View Lane Lakeland, FL 33809
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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: Marlene Weatherford Marlene Weatherford 4/21/95 686-9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314004 CP