

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 10: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053220 (8)**

1. Corporation Name
MARIAN T. INC.

Principal Place of Business

P.O. BOX 11017
NAPLES FL 33940

Mailing Address

P.O. BOX 11017
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1993** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0427012** 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRAY, MARIAN M
532 IBIS WAY
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 *Marian M. Bray* *President* **4-28-95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, MARIAN M	12 NAME	
STREET ADDRESS	532 IBIS WAY	13 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL 33942	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, GERALD L	22 NAME	
STREET ADDRESS	532 IBIS WAY	23 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL 33942	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, STEVEN F	32 NAME	
STREET ADDRESS	532 IBIS WAY	33 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL 33942	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 115.07(3)(b), 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. 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: *Marian M. Bray, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 813-263-7904
1-813-263-7904