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 24 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000078059 (1)**

1. Corporation Name
VICTORY MARIANNA, INC.

Principal Place of Business	Mailing Address
4431 JACKSON ST. MARIANNA FL 32447	506 45TH STREET SUITE B-5 COLUMBUS GA 31904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/04/1993	06/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	58-2075732	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	FEIGHNER, JAMES W	1.2 NAME		
STREET ADDRESS	P.O. BOX 12228 N/A	1.3 STREET ADDRESS	506 45th Street, Suite B-5	
CITY-ST-ZIP	COLUMBUS GA 31907	1.4 CITY-ST-ZIP	Columbus, GA 31904	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	COST, KENT	2.2 NAME		
STREET ADDRESS	P.O. BOX 12228 N/A	2.3 STREET ADDRESS	506 45th Street, Suite B5	
CITY-ST-ZIP	COLUMBUS GA 31907	2.4 CITY-ST-ZIP	Columbus, GA 31904	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	COTTON, CATHY	3.2 NAME		
STREET ADDRESS	P.O. BOX 12228 N/A	3.3 STREET ADDRESS	506 45th Street, suite B5	
CITY-ST-ZIP	COLUMBUS GA 31907	3.4 CITY-ST-ZIP	Columbus, GA 31904	
TITLE	S	4.1 TITLE		☒ Change ☐ Addition
NAME	SHUMNY, PHILLIP E	4.2 NAME		
STREET ADDRESS	P.O. BOX 12228 N/A	4.3 STREET ADDRESS	506 45th Street suite B5	
CITY-ST-ZIP	COLUMBUS GA 31907	4.4 CITY-ST-ZIP	Columbus, GA 31904	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	REGAN, TIMOTHY	5.2 NAME		
STREET ADDRESS	P.O. BOX 12228 N/A	5.3 STREET ADDRESS	506 45th Street suite B5	
CITY-ST-ZIP	COLUMBUS GA 31907	5.4 CITY-ST-ZIP	Columbus, GA 31904	
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: J.W. Feighner President 2/22/95 (706)327-4714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400048 FP