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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000078050 (1)

1. Corporate	IMENT # P930C on Name ORY MARIANNA, INC.)0078059 ((1)) JERNARA MA JAJAR JUJU RANG R	INT BANK BANK DABIN KANT BANK BUNG BUNG TAN ING ING
Principal Plac	e of Business	Mailing Adkiress			
4431 JACKSON ST. Marianna fl 32447		506 45TH STREET SUITE B-5 COLUMBUS GA 319 US	904	Date Incorporated or Qualified 3a. Date of Last Report	
2. Principal F	Place of Business	2a. Mailing Address		11/04/1993	04/24/1995
21		26. Walling Address		4. FEI Number 58-2075732	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc			Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & Stat	e	Oity & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Trust Fund Contribution	Added to Fees
24	25	Z _i p	Country	8. This corporation has liability for	
··· + ·· - · · · · · · · · · · · · · · ·	9. Name and Address of Current		30	Florida Statutes Yes 10. Name and Address of New F	□No
			81 Name	TO, Name and Address of New F	legistered Agent
1200 \$	Orporation system South Pine Island Road 'Ation FL 33324		82 Street A 83 84 City	ddress (P.O. Box Number is Not Acceptal	olel
11. Pursuant or register familiar wi SIGNATURE	to the provisions of Sections 607.0502 a red agent, or both, in the State of Florida th and accept the obligations of, Soction	in 607.0506, Florida Statute	tes, the above named congred by the corporation's bis.	poration submits this statement for the pur oard of directors. Thereby accept trie appr	ointment as registered agent. I am
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELFTE	1 1 TITLE	22.110.10.01.110.01.11	Change Addition
NAME	FEIGHNER, JAMES W		1.2 NAM		_ 3
STREET ADDRESS	506 45 ST, STE B5 COLUMBUS GA		1 3 STREET ADDRESS		
CITY-SI-ZIP TITLE	VD VD		1.4 CrfY - ST - ZrP		
NAME	COST, KENT	☐ DEFEIE	2 'TITLE		Change Addition
STREET ADDRESS	506 45 ST, STE B5		2.2 NAME		
CITY-ST-ZIP	COLUMBUS GA		2.3 STREET ADDRESS		
TITLE	SD	DELETE	2 4 C(TY - ST Z)P		
NAME	COTTON, CATHY		3 1 THEF 32 NAME		Change Addition
STREET ADDRESS	506 45 ST, STE B5		3.3 STREET ADDRESS	Cathy Cotton Darby	′
CiTY-ST-7IP	COLUMBUS GA		1	·	<u> </u>
TITLE	S	DELETE.	4 1 TITLE		
NAME	shumny, Phillip e		4.2 NAME		Change Addition
STREET ADDRESS	506 45 ST, STE B5		4.3 STHEET ADDRESS		
CITY - ST - ZIP	COLUMBUS GA		4.4.0 (TY - ST - ZIP		
TITLE	\$	DFLE1E	5 1 TITLE		Change Addition
NAME	REGAN, TIMOTHY		5.2 NAME		
STREET ADDRESS	506 45 ST, STE B5		5.3 STREET ADDRESS		
CITY - ST - ZIP	COLUMBUS GA		5.4 C(TY+ST+Z)P		
TITLE		☐ DELETE	€ LTITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			64 CITY St - 7/P		

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)(k). Florida Statutes. I further certify that the information indicated on this annual report or suggest annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed or on an adaptment with an address

SIGNATURE:

SIGNATURE AND TYPED OR FINT ON THE OF SIGNING OFFICER OR DIRECTOR

4/29/96 Duting Printing