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 MAY -1 PM 6:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006662 (8)

1. Corporation Name
BRANDON L. MARION & ASSOCIATES, INC.

Principal Place of Business
423 CLEVELAND ST
2ND FLOOR
CLEARWATER FL 34616

Mailing Address
423 CLEVELAND ST.
2ND FLOOR
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report: N-A
4. FEI Number: 59-3216617 ☐ 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
21 403 LOTUS PATH
22 Suite, Apt. #, etc.
23 City & State: Clw. Fl.
24 Zip: 34616 25 Country: USA

2a. Mailing Address
26 403 LOTUS PATH
27 Suite, Apt. #, etc.
28 City & State: Clw. Fl.
29 Zip: 34616 30 Country: USA

9. Name and Address of Current Registered Agent
MARION, BRANDON
423 CLEVELAND ST.
2ND FLOOR
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
81 Name: BRANDON MARION
82 Street Address (P.O. Box Number is Not Acceptable)
83 403 LOTUS PATH
84 City: Clw FL 85 Zip Code: 34616

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: [signature] Jan 19, 95

12. OFFICERS AND DIRECTORS

TITLE	TREASURER
NAME	CARISA MARION
STREET ADDRESS	403 Lotus Path
CITY ST ZIP	Clearwater, FL 34616
TITLE	PRESIDENT
NAME	BRANDON L. MARION
STREET ADDRESS	403 LOTUS PATH
CITY ST ZIP	Clw. Fl. 34616
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY ST ZIP — ☐ Change ☐ Addition — all blank)

DEPOSITED BY BANK SW

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 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: [signature] 1-19-95 813 446-9328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Brandon L. Marion

0355255 CP