

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006662 (8)

1. Corporation Name

BRANDON L. MARION & ASSOCIATES, INC.



Principal Place of Business

403 LOTUS PATH
CLEARWATER FL 34616

Mailing Address

403 LOTUS PATH
CLEARWATER FL 34616

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1290 GOLF BLVD

2a. Mailing Address

26 1290 GOLF BLVD

4. FEI Number

59-3216617

Applied For

Not Applicable

Suite, Apt. #, etc.

22 2007

Suite, Apt. #, etc.

27 2007

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

City & State

23 Clw. FL.

City & State

28 Clw FL.

6. Election Campaign Financing

☐ \$5.00 May Be

Added to Fees

Zip

24 34630

Country

25 USA

Zip

29 34630

Country

30 USA

8. This corporation has liability for intangible tax under s 199.032,

Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARION, BRANDON
403 LOTUS PATH
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

Brandon Marion

BRANDON MARION

1-19-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MARION, BRANDON L
STREET ADDRESS ~~403 LOTUS PATH~~ Address Change
CITY-ST-ZIP CLEARWATER FL 34616

TITLE T
NAME MARION, CARISA
STREET ADDRESS ~~403 LOTUS PATH~~ Delete
CITY-ST-ZIP CLEARWATER 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

1.1 TITLE VICE PRESIDENT
1.2 NAME ANGELA M MARION
1.3 STREET ADDRESS 1290 GOLF BLVD # 2007
1.4 CITY-ST-ZIP Clw FL 34630

2.1 TITLE PRESIDENT
2.2 NAME BRANDON MARION
2.3 STREET ADDRESS 1290 GOLF BLVD # 2007
2.4 CITY-ST-ZIP Clw FLORIDA 34630

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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:

Brandon Marion

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

8135930123

Date

Daytime Phone #

CR2E034 (12/95)