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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000006662 (8)

1. Corporation Name

BRANDON L. MARION & ASSOCIATES, INC.

Principal Place of Business

1290 GULF BLVD
SUITE 2007
CLEARWATER FL 34630
US

Mailing Address

1290 GULF BLVD
SUITE 2007
CLEARWATER FL 34630-2742
US

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 414 Buttonwood Lane
Suite, Apt. #, etc.

2a. Mailing Address

26 414 Buttonwood Lane
Suite, Apt. #, etc.

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

22 City & State

23 LARGO, FL

27 City & State

28 LARGO, FL

24 Zip

33770

25 Country

USA

29 Zip

33770

30 Country

USA

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

BRANDON MARION

82 Street Address (P.O. Box Number is Not Acceptable)

414 BUTTONWOOD LANE

83

84 City

LARGO

FL

85 Zip Code

33770

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 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 1290 GULF BLVD SUITE 2007
CITY-ST-ZIP CLEARWATER FL

TITLE VP
NAME ANGELA M MARION
STREET ADDRESS 1290 GULF BLVD SUITE 2007
CITY-ST-ZIP CLEARWATER FL

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

1.1 TITLE P
1.2 NAME BRANDON L. MARION
1.3 STREET ADDRESS 414 BUTTONWOOD LANE
1.4 CITY-ST-ZIP LARGO, FL. 33770

2.1 TITLE VP
2.2 NAME ANGELA M MARION
2.3 STREET ADDRESS 414 BUTTONWOOD LANE
2.4 CITY-ST-ZIP LARGO, FL. 33770

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 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 in an attachment with an address.

SIGNATURE: Brandon Marion, BRANDON MARION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-97 813
581-2545

CR2E034 (9/96)