## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 1. Corporation Name P9400006662 (8)

BRANDON L. MARION & ASSOCIATES, INC.

Principal Place of Business Mailing Address 414-BUTTONWOOD-LN-414-BUTTONWOOD-UN **SUITE-2007**-SUITE 2007-DO NOT WRITE IN THIS SPACE LARGO PL 33770 LARGO FL 93770us. 3. Date Incorporated or Qualified 01/18/1994 2. Principal Place of Business 21 204 DRIFTWOO 2a. Mailing Address 4. FEI Number Applied For 26 204 DRIFTWOOD LANE 59-3216617 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be LARgo LARGO  $\Box$ 23 Trust Fund Contribution Added to Fees Country USA 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BRANDON MARION RANDON 414-BUTTONWOOD LN 82 LARGO FL 33770 83 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 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 am familiar with, and accept the obligations of Section 607.0509, Florida Statutes. raver SIGNATURE (NOTE: Registered Agent algorature required when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE **BRANDON L. MARION** NAME 414 BUTTONWOOD [N STREET ADDRESS LARGO-FL CITY-ST-ZIP CITY-ST-ZIP TITLE ANGELA M MARION 22 NAME NAME 414 BUTTONWOOD LN-STREET ADDRESS 2.3 STREET ADDRESS LARGO-FL-4 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition NAME 6.2 NAME

14. I 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 chapter on an attachment with an appears.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3-28-98

**FILED** 

Apr 02 1998 8:00am

Secretary of State