FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000054378 (2)**

1. Corporation Name

MARION TRANS, INC.

Principal Place of Business	Mailing Address
2014 FOURTH ST SARASOTA FL 34237	2014 FOURTH ST SARASOTA FL 34237

3. Date Incorporated or Qualified: **07/22/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0506538** ☐ 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 is/is not liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 MARION TRANS, INC.	26 MARION TRANS, INC.
Suite, Apt. #, etc 22 1677 FLEETWOOD DRIVE	Suite, Apt. #, etc 27 1677 FLEETWOOD DRIVE
City & State 23 SARASOTA FLORIDA	City & State 28 SARASOTA FLORIDA
Zip 24 34232 County 25	Zip 29 34232 County 30

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
2014 FOURTH ST
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name: BRIAN D. STRAND
82 Street Address (P.O. Box Number is Not Acceptable): 1671 HOUND STREET
83
84 City: SARASOTA FL 85 Zip Code: 34236

11. Pursuant to the provisions of Sections 607.0502 and 617.1502, 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] BRIAN D. STRAND 4/4/96
(Signature of New Registered Agent, if changing) (Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HAXAIRE, PATRICK	1 NAME	
STREET ADDRESS	1677 FLEETWOOD DR	1 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	1 CITY ST ZIP	
TITLE	VP ☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GENEVIEVE, DOYLE	2 NAME	
STREET ADDRESS	1677 FLEETWOOD DRIVE	2 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2 CITY ST ZIP	
TITLE	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY ST ZIP	
TITLE	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY ST ZIP	
TITLE	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY ST ZIP	
TITLE	☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY ST ZIP	

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: Patrick Haxaire PATRICK HAXAIRE 04/02/1996 (941) 371-11-39
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)