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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT # P9400056439 (0)

Corporation Name	 . • •	•		

MARCELLA ANN BEECHING, P.A. Principal Place of Business Mailing Address 11 N MAGNOLIA AVE 11 N MAGNOLIA AVE OCALA FL 34475 OCALA FL 34475 3. Date Incorporated or Qualified 3a. Date of Last Report 07/29/1994 06/29/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3266797 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Name and Address of New Registered Agent Country Country 25 29 24 30 9. Name and Address of Current Registered Agent 81 Name BEECHING, MARCELLA A. Street Add 82 2212 N.E. 35TH STREET 83 OCALA FL 34479 84 Zip Code 34622 City 85 LEARWATER 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 scept the obligations of, \$500.00 for \$0.00 for \$0.0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TILE 1 1 TITLE BEECHING, MARCELLA A 12 NAME NAM: NE 35TH ST. 2212 STREET ADDRESS 913 SE 2 ST-1.3 STREET ADDRESS OCALA FL 34474 OCALA, FL 1.4 CITY - ST - ZIP 011Y-S1-26 11"11 DELFTE 2 1 TITLE Change 2.2 NAME MAME STREET ADDRESS 23 STREET ADDRESS CITY-ST ZIP 2.4 CITY-ST-ZIP □ DELETE ☐ Change Addition | 1000 3 1 TITLE 3.2 NAME STEEL LADDRESS 3.3 STREET ADORESS 3.4 CITY - \$1 - ZIP OTY ST 7IP DELETE ☐ Change 4. 1 TITLE ☐ Addition THE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CUTY-SE ZIP DELETE TOTALE 5 1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition THEF 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CHY ST 21P 64 City-St-ZiP

SIGNATURE: MANUELLE BUSHED 2/19 MARCELLA A Beeching

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 eath, 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

Daytime Phone #

(12/95)

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