

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 # **P94000080351 (7)**

1. Corporation Name
MARION SHUTTLE, INC.

FILED

96 JAN 30 AM 10:30



Principal Place of Business: 535 S.W. 35TH STREET, OCALA FL 34474-4541
Mailing Address: 535 S.W. 35TH STREET, OCALA FL 34474-4541

3. Date Incorporated or Qualified 10/31/1994	3a. Date of Last Report 07/19/1995
4. FEI Number 59-3274983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 414 NW 117 CT	26. Mailing Address 414 NW 117 CT
22. City & State OCALA FL	27. City & State OCALA FL
24. Zip 34482-6851	29. Zip 34482-6851
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent
**WEAVER, IRENE
535 S.W. 35TH STREET
OCALA FL 34474-4541**

10. Name and Address of New Registered Agent

81. Name CARNEY, JOHN J.
82. Street Address (P.O. Box Number is Not Acceptable) 414 NW 117 CT
83. City OCALA
84. State FL
85. Zip Code 34482-6851

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: **John J. Carney PS** (Signature) **John J. Carney** (Typed Name) **1/29/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE: PS	<input checked="" type="checkbox"/> DELETE
NAME: WEAVER, IRENE	
STREET ADDRESS: 535 SW 35TH ST.	
CITY-ST-ZIP: OCALA FL 34474	
TITLE: VT	<input checked="" type="checkbox"/> DELETE
NAME: WEAVER, FRANCIS	
STREET ADDRESS: 535 S.W. 35TH STREET	
CITY-ST-ZIP: OCALA FL 34474-4541	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	
TITLE: <input type="checkbox"/> DELETE	
NAME: <input type="checkbox"/> DELETE	
STREET ADDRESS: <input type="checkbox"/> DELETE	
CITY-ST-ZIP: <input type="checkbox"/> DELETE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: CARNEY, JOHN J.	
1.3 STREET ADDRESS: 414 NW 117 CT	
1.4 CITY-ST-ZIP: OCALA FL 34482-6851	
2.1 TITLE: VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: CARNEY, SHARON A.	
2.3 STREET ADDRESS: 414 NW 117 CT	
2.4 CITY-ST-ZIP: OCALA FL 34482-6851	
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME: 700001707787	
4.3 STREET ADDRESS: -02/06/96--01083--017	
4.4 CITY-ST-ZIP: ***200.00 ***200.00	
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.4 CITY-ST-ZIP: CH	

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, changed, or on an attachment with an address.

SIGNATURE: **John J. Carney** (Signature) **John J. Carney** (Typed Name) **1/29/96** (Date) **(352) 854-8946** (Telephone #)

CR2E034 (12/95)