

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P94000080351 (7)

1. Corporation Name  
**MARION SHUTTLE, INC.**

Principal Place of Business

414 N.W. 117 CT.  
OCALA FL 34482-6851

Mailing Address

414 N.W. 117 CT.  
OCALA FL 34482-6851



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1994	
21	Suite, Apt #, etc.	26	P.O. Box 5183	4. FEI Number	Applied For Not Applicable
22	City & State	27	Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	OCALA, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	34478-5183	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
25	Country	30	USA		

9. Name and Address of Current Registered Agent

CARNEY, JOHN J  
414 N.W. 117 CT.  
OCALA FL 34482-6851

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	CARNEY, JOHN J	1.2 NAME	
STREET ADDRESS	414 N.W. 117 CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482-6851	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	CARNEY, SHARON A	2.2 NAME	
STREET ADDRESS	414 N.W. 117 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482-6851	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 changed, or in an attachment with an address.

SIGNATURE:

*John J. Carney*

JOHN J. CARNEY, PRES 2/20/98 (352) 854-0202

CR2E034 (10/97)