

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

10/3

DOCUMENT # P95000057272

1. Entity Name
MARIANNA MOTOR CO. INC.

01 JAN 25 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3916-B HNY 90 WEST 3916 GABLE RD
MARIANNA, FL 32446 MARIANNA, FL 32448

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

DO NOT WRITE IN THIS SPACE
NO AMENDMENT UNLESS APPROVED BY
4. FEI Number 59-3322777 Applied For DEBT
Not Applicable BY

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RONNIE HELMS
3916 GABLE RD
MARIANNA, FL 32448

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] DATE 1/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <u>ST. ELISABETH HELMS</u> <input type="checkbox"/> Delete NAME STREET ADDRESS <u>3916 GABLE RD</u> CITY-ST-ZIP <u>MARIANNA, FL 32448</u>	
TITLE <u>P.O.</u> <input type="checkbox"/> Delete NAME <u>RONNIE HELMS</u> STREET ADDRESS <u>3916 GABLE RD</u> CITY-ST-ZIP <u>MARIANNA, FL 32448</u>	
TITLE <u>C.F.O.</u> <input type="checkbox"/> Delete NAME <u>TOM C. HOLMES</u> STREET ADDRESS <u>3916 GABLE RD</u> CITY-ST-ZIP <u>MARIANNA, FL 32448</u>	
TITLE <u>P.</u> <input type="checkbox"/> Delete NAME <u>WILLIAM P. NELSON</u> STREET ADDRESS <u>2240 RIVERROAD</u> CITY-ST-ZIP <u>SNEADS, FL</u>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<u>000003575180--9</u> <u>-01/25/01--01095--001</u> <u>*****70.00 *****70.00</u>
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1/25/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

203

Power of Attorney

GENERAL

BY THIS POWER OF ATTORNEY:

Toni C. Holmes of the County of
(Name or names of person or persons giving this power hereinafter referred to as Principal)
JACKSON, State of FLORIDA

do appoint ELIZABETH V. HELMS
true and lawful attorney.

In principal's name, and for principal's use and benefit, said attorney is authorized hereby:

- (1) to demand, sue for, collect, and receive all money, debts, accounts, legacies, bequests, interests, dividends, annuities, and demands as are now or shall hereafter become due, payable, or belonging to principal, and to take all lawful means, for the recovery thereof and to compromise the same, and give discharges for the same;
- (2) to buy and sell land, make contracts of every kind relative to land, any interest therein or the possession thereof, and to take possession and exercise control over the use thereof;
- (3) to buy, sell, mortgage, hypothecate, assign, transfer, and in any manner deal in and with goods, wares, and merchandise, choses in action, certificates or shares of capital stock, and other property in possession or in action, and to make, do, and transact all and every kind of business of whatever nature;
- (4) to execute, acknowledge and deliver contracts of sale, escrow instructions, deeds, leases including leases for minerals and hydrocarbon substances and assignments of leases, covenants, agreements and assignments of agreements, mortgages and assignments of mortgages, conveyances in trust to secure indebtedness or other obligations, and assign the beneficial interest thereunder, subordinations of liens or encumbrances, bills of lading, bills, bonds, notes, receipts, evidences of debt, releases and satisfactions of mortgages, requests to reconvey deeds of trust, partial or full, judgments, and other debts, and other instruments in writing of whatever kind and nature, all upon such terms and conditions and under such covenants as said attorney shall approve.

GIVING AND GRANTING to said attorney full power and authority to do all and every act and thing whatsoever requisite and necessary to be done relative to any of the foregoing as fully to all intents and purposes as principal might or could do if personally present.

All that said attorney shall lawfully do or cause to be done under the authority of this power of attorney is expressly approved.

Dated 8-14-95

STATE OF FL
COUNTY OF Jackson } ss.

Toni C. Holmes

On 8-14-95 in Jackson County

before me, the undersigned, a Notary Public in and for said County and State, personally appeared

Toni C. Holmes

known to me to be the person(s) whose name(s) is (are) subscribed to the within instrument and acknowledged that I executed the same.

(Seal) Helen L. Hall
(Notary signature line)

Helen L. Hall
("His name (notary's) shall be typed or legibly printed")

HELEN L. HALL
Notary Public, State of Florida
My comm. expires June 17, 1997
Comm. No. CC 362362

30/15

PROXY AUTHORIZATION
FROM STOCKHOLDER, TONI HELMS

I, **TONI C. HOLMES**, hereby appoint, **ELISABETH HELMS**, as my proxy to vote my shares of stock in Marianna Motor Company, Inc., being 100% of the outstanding shares.

Additionally, Elisabeth Helms shall have all shareholders inspection rights, and shall be allowed to examine in person or by agent or by an Attorney, the Corporate books and records of accounts minutes and records of shareholders and to make extracts thereof.

Dorothy Teems, having claimed an interest in the shares of stock of Marianna Motor Company, Inc., has no authority because

- 1) Certificates must be paid in full before issuance can take place; no payment has been made by Dorothy Teems for an stocks.
- 2) Certificates must be signed by the President and Secretary and the Corporate seal affixed thereto; no certificates have been signed for Dorothy Teems.
- 3) Transfer of shares of the corporation can only be made on the stock transfer book of the corporation; no transfer has been made in the stock transfer book.

Dated 01/05/01
Signed Toni C. Holmes
Toni C. Holmes