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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # S82401 (8)

1. Corporation Name

MARLYN S. ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7350 102 PLACE SOUTH<br>PO BOX 307<br>BOYNTON BEACH FL 33435 | 1100 S FED HWY<br>4<br>BOYNTON BEACH FL 33435<br>US |

(Not to be typed in this space)

3. Date Incorporated or Qualified: 09/24/1991

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0284626 — Applied For / Not Applicable

Suite, Apt. # etc. — 22 / 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip / County — 24 / 25 / 29 / 30

9. The corporation has complied with the applicable requirements of section 48.091, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STAMEY, MARLYN S.
626 PALM AVENUE
P.O. BOX 775
GOODLAND FL 33933

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Section [illegible], 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. The changes are 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 607.325, Florida Statutes.

SIGNATURE: Marlyn S. Stamey — 5/1/95

12. OFFICER AND/OR DIRECTOR

| | |
|---|---|
| Title | D |
| Name | STAMEY, MARLYN S. |
| Street Address | 626 PALM AVE |
| City-State-Zip | GOODLAND FL |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |
| Title | |
| Name | |
| Street Address | |
| City-State-Zip | |

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

| | | |
|---|---|---|
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Street Address | | |
| City-State-Zip | | |

14. To the best of my knowledge, information and belief, the facts stated herein are true, and I am familiar with the provisions of Florida Statutes, including sanctions for the falsification of public records. I hereby certify that the information indicated on this 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: Marlyn S. Stamey — 5/1/95

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date

0283603 CF