

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

FILED

Jul 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

Marida, Inc.

Principal Place of Business

Mailing Address,

5126 Hwy. 98 N.
Lakeland, FL 33809

638 Powder Horn Row
Lakeland, FL 33809

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2915 Timber Knoll Dr.

22 City & State

27 Valrico, Florida

23 Zip Country

28 33594 U.S.A.

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9. Name and Address of Current Registered Agent

James M. Cox, Sr.
638 Powder Horn Row
Lakeland, FL 33809

3. Date Incorporated or Qualified
8/12/1992

3a. Date of Last Report
8/12/1996

4. FFI Number
65-0362454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
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

81 Name
Michael S. Edenfield, Esquire

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

83

84 City
Brandon,

FL

85 Zip Code
33511

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

Michael S. Edenfield, Esquire

(Signature typed or printed name of registered agent or director if applicable)

(Date) (Signature of Agent, required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Vice President	☒ DELETE
NAME	James M. Cox, Sr.	
STREET ADDRESS	638 Powder Horn Row	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	President	☒ DELETE
NAME	Martha N. Cox	
STREET ADDRESS	638 Powder Horn Row	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	Treasurer	☒ DELETE
NAME	James M. Cox, Jr.	
STREET ADDRESS	c/o 638 Powder Horn Row	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	Director	☒ DELETE
NAME	Lowell Hickman	
STREET ADDRESS	120 W. Dodson	
CITY-ST-ZIP	Arkadelphia, AR 71923	
TITLE	Secretary	☒ DELETE
NAME	William D. McPeck	
STREET ADDRESS	3227 Jan Drive	
CITY-ST-ZIP	Orlando, FL 32709	
TITLE	Secretary	☐ DELETE
NAME	Barbra M. Ferguson	
STREET ADDRESS	2915 Timber Knoll Dr.	
CITY-ST-ZIP	Valrico, FL 33594	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President/Director	☐ Change ☒ Addition
12 NAME	Donald Ferguson	
13 STREET ADDRESS	2915 Timber Knoll Dr.	
14 CITY-ST-ZIP	Valrico, FL 33594	
21 TITLE	Sec./Tres./Director	☒ Change ☐ Addition
22 NAME	Barbra M. Ferguson	
23 STREET ADDRESS	2915 Timber Knoll Dr.	
24 CITY-ST-ZIP	Valrico, FL 33594	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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***550.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/97 8:41
85-9:0777
Dayton, Treasurer

CR2E034 (9/96)