

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 16 AM 11:01

DOCUMENT # P27297 (1)
 1. Corporation Name
MARBURY ENGINEERING CO.

Principal Place of Business Mailing Address
2334 LAKE PARK DRIVE ALBANY GA 31707

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/13/1989	05/01/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		58-1109065	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Fonda S. Marbury* **Fonda S. Marbury** 6/12/95
Signature typed or printed name of registered agent and his or her date (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARBURY, RITCHEY M., III	1.2 NAME					
STREET ADDRESS	2334 LAKE PARK DRIVE	1.3 STREET ADDRESS					
CITY ST ZIP	ALBANY GA	1.4 CITY ST ZIP					
TITLE	SO	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARBURY, FONDA, S	2.2 NAME					
STREET ADDRESS	2334 LAKE PARK DRIVE	2.3 STREET ADDRESS					
CITY ST ZIP	ALBANY GA	2.4 CITY ST ZIP					
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY ST ZIP		3.4 CITY ST ZIP					
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY ST ZIP		4.4 CITY ST ZIP					
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY ST ZIP		5.4 CITY ST ZIP					
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY ST ZIP		6.4 CITY ST ZIP					

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 110.07(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: *Fonda S. Marbury* **Fonda S. Marbury** 6/12/95 912 435 6133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name #)

CR2E034 (3/95)