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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **854237** **(5)**

1. Corporation Name
MATRIX* SALES & MARKETING INCORPORATED

Principal Place of Business	Mailing Address
111 E CENTRAL AVE SUITE 111 HOWEY IN THE HILLS FL 34737 US	P O BOX 236 P.O. BOX 236 YALAHA FL 34797-0236 US

3. Date Incorporated or Qualified: **09/30/1982**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1953165** ☐ 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

9. Name and Address of Current Registered Agent

BURNS, ROBERT J.
8215 OAK ST.
BOX 236
YALAHA FL 34797

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 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 reinstating)) DATE ✓

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, ROBERT J.		1.2 NAME		
STREET ADDRESS	8215 OAK ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	YALAHA FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMMOND, DONNA L.		2.2 NAME		
STREET ADDRESS	RTE 1, BOX 230		2.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL		2.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EDINGTON, LORRAINE E.		3.2 NAME		
STREET ADDRESS	8215 OAK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	YALAHA FL		3.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WALTON, GALE L		4.2 NAME		
STREET ADDRESS	27645 LOIS DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 on an attachment with an address.

SIGNATURE: X SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97
Date

(352) 324-2706.
Daytime Phone #