

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854237 (5)
1. Corporation Name
MATRIX* SALES & MARKETING INCORPORATED

Principal Place of Business
111 E CENTRAL AVE
SUITE 111
HOWEY IN THE HILLS FL 34737
US

Mailing Address
P O BOX 236
~~P.O. BOX 236~~
YALAHUA FL 34797
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1982

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 111 E Central Ave.
Suite, Apt. #, etc.
22 Ste 111
City & State
23 Howey In the Hills
Zip
24 34737
Country
25 Lake

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

9. Name and Address of Current Registered Agent

BURNS, ROBERT J.
8215 OAK ST.
BOX 236
YALAHUA 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
85 Zip Code
FL

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

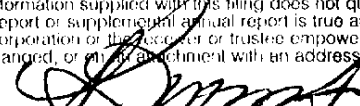
12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	BURNS, ROBERT J.	
STREET ADDRESS	8215 OAK ST.	
CITY-ST-ZIP	YALAHUA FL	
TITLE	T	☐ DELETE
NAME	HAMMOND, DONNA L.	
STREET ADDRESS	RTE 1, BOX 230	
CITY-ST-ZIP	ALACHUA FL	
TITLE	AS	☐ DELETE
NAME	EDINGTON, LORRAINE E.	
STREET ADDRESS	8215 OAK ST.	
CITY-ST-ZIP	YALAHUA FL	
TITLE	AVP	☐ DELETE
NAME	WALTON, GALE L	
STREET ADDRESS	27645 LOIS DR.	
CITY-ST-ZIP	TAVARES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 executor 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 my appointment with an address.

SIGNATURE * 

4/30/98 352 334-3706

CR2E034 (10/97)