

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 26 1996 8:00 am  
Secretary of State

DOCUMENT # **P22227 (3)**

1. Corporation Name  
**L B K MARKETING CORP.**



Principal Place of Business: **7800 BAYBERRY ROAD SUITE 200 JACKSONVILLE FL 32256**  
Mailing Address: **7800 BAYBERRY ROAD SUITE 200 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **12/22/1988**  
3a. Date of Last Report: **05/31/1995**  
4. FEI Number: **34-1052412**  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)

9. Name and Address of Current Registered Agent  
**FULLERTON, ROBERT C.  
7800 BAYBERRY ROAD  
SUITE 200  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAILYS, DAVID	
STREET ADDRESS	7800 BAYBERRY RD.,STE200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STUTZMAN, GARY L.	
STREET ADDRESS	7800 BAYBERRY RD.,STE200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, DANIEL R.	
STREET ADDRESS	7800 BAYBERRY RD.,STE200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REIN, DAVID	
STREET ADDRESS	7800 BAYBERRY RD.,STE200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FULLERTON, ROBERT C.	
STREET ADDRESS	7800 BAYBERRY RD.,STE200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAILYS, FRED	
STREET ADDRESS	7800 BAYBERRY RD.,STE200	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	BAILYS, DAVID	
3. STREET ADDRESS	7800 BAYBERRY RD	
4. CITY-ST-ZIP	JACKSONVILLE, FL 32256	
2. TITLE	D/COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	BRINN, DAVID	
2.3 STREET ADDRESS	7800 BAYBERRY RD	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	AUSSENBERG, EARL	
3.3 STREET ADDRESS	7800 BAYBERRY RD	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REIN, WILLIAM F.	
4.3 STREET ADDRESS	7800 BAYBERRY RD	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FULLERTON, ROBERT C.	
5.3 STREET ADDRESS	7800 BAYBERRY RD	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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: *Gary Stutzman* **GARY STUTZMAN** 4/22/96 904-737-8566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)