

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000062931 (8)

1. Corporation Name

~~SPECIALIST AUTOMOTIVE MARKETING, INC.~~
MARKETING OF T. B. INC.



Principal Place of Business

Mailing Address

777 SO. HARBOUR ISLAND BLVD. STE. 950
TAMPA FL 33602

777 SO. HARBOUR ISLAND BLVD. STE. 950
TAMPA FL 33602

3. Date Incorporated or Qualified

08/25/1994

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, WALLACE B JR
ONE HARBOUR PLACE
5TH FLOOR
TAMPA FL 33602

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, if different from above

Signature, typed or printed name of registered agent, if different from above

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CHENOWETH, RON
STREET ADDRESS 777 SO. HARBOUR ISLAND BLVD. STE. 950
CITY-STATE-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME FAULKNER, GABRIELE
STREET ADDRESS 777 SO. HARBOUR ISLAND BLVD. STE. 950
CITY-STATE-ZIP TAMPA FL 33602

TITLE ☒ DELETE

NAME VILLA, MIKE
STREET ADDRESS 777 SO. HARBOUR ISLAND BLVD. STE. 950
CITY-STATE-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME BAKER, KEN
STREET ADDRESS 777 SO. HARBOUR ISLAND BLVD. STE. 950
CITY-STATE-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

900001859479

-06/12/96--01032--039

***200.00

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 included 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

224-8011

CR2E034 (12/95)