

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 # **S93230** (8)

1. Corporation Name

REGIONAL MARKETING GROUP, INC.



Principal Place of Business

**63 FOUNTAIN CIR.
NAPLES FL 33999
US**

Mailing Address

**63 FOUNTAIN CIR.
NAPLES FL 33999
US**

2. Principal Place of Business

21 **3804 Preserve Court**

Suite, Apt. #, etc.

22 **202**

City & State

23 **Tampa FL**

Zip

24 **33624**

Country

25 **USA**

26. Mailing Address

26 **3804 Preserve Court**

Suite, Apt. #, etc.

27 **202**

City & State

28 **Tampa FL**

Zip

29 **33624**

Country

30 **USA**

3. Date Incorporated or Qualified

11/06/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0293962

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

ZACHMAN, EUGENE R.

~~**63 FOUNTAIN CIR.**~~

~~**NAPLES FL 33999**~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3804 Preserve Ct., #202

83

84 City

Tampa

FL

85 Zip Code

33624

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 the corporation

Signature: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
ZACHMAN, EUGENE R.**
STREET ADDRESS **63 FOUNTAIN CIR.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

**Pamela J. Zachman
3804 Preserve Ct #202
Tampa, FL 33624**

2.1 TITLE

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 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, changed, or on appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE R. ZACHMAN PRESIDENT

4-29-96

(813) 962-2919

Date Daytime Phone

CR2E034 (12/95)