

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S42564** (2)
1. Corporation Name:
ASSOCIATION MARKETING INC.



Principal Place of Business: **205 S HOOVER ST TAMPA FL 33609**
Mailing Address: **205 S HOOVER ST TAMPA FL 33609**

3. Date Incorporated or Qualified: **04/02/1991**
3a. Date of Last Report: **07/13/1995**
4. FEI Number: **59-3059689**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**CARTER, LAWRENCE W.
205 S. HOOVER ST.
TAMPA FL 33609**

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.

(Both Registered Agent Signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS
TITLE: **DVS** ☐ DELETE
NAME: **CARTER, KIM**
STREET ADDRESS: **205 S HOOVER ST**
CITY-ST-ZIP: **TAMPA FL**
TITLE: **DPT** ☐ DELETE
NAME: **CARTER, LAWRENCE WAYNE**
STREET ADDRESS: **205 S HOOVER ST**
CITY-ST-ZIP: **TAMPA FL**
TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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
11 TITLE: ☐ Change ☐ Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: ☐ Change ☐ Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:
31 TITLE: ☐ Change ☐ Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: ☐ Change ☐ Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: ☐ Change ☐ Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:
61 TITLE: ☐ Change ☐ Addition
62 NAME:
63 STREET ADDRESS:
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE WAYNE CARTER
PRESIDENT

6/5/96 (813)286-8600

CR2E034 (3/96)