

ANNUAL REPORT  
1995

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

95 APR 11 PM 9:44

DOCUMENT # **337622** (5)

1. Corporation Name  
**WITCH MARKETING INC**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
1015 THOMAS RD.  
P.O. BOX 491638  
LEESBURG FL 34749-8638

Mailing Address  
1015 THOMAS RD.  
P.O. BOX 491638  
LEESBURG FL 34749-1638  
US

3. Date Incorporated or Qualified  
**11/12/1968**

3a. Date of Last Report  
**03/08/1994**

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
25  
Suite, Apt. #, etc.  
26  
City & State  
27  
Zip  
28  
Country  
29

4. FEI Number  
**59-1281069**

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  
**BJORN, JUDY  
1210 LA SALIDA WAY  
LEESBURG, FL  
34748**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BJORN, JUDY</b>
STREET ADDRESS	<b>1210 LA SALIDA WAY</b>
CITY- ST- ZIP	<b>LEESBURG, FL 00000</b>
TITLE	<b>VPD</b>
NAME	<b>SCOVILL, BILL</b>
STREET ADDRESS	<b>1605 MAIN ST, STE 912</b>
CITY- ST- ZIP	<b>SARASOTA FL</b>
TITLE	<b>VDS</b>
NAME	<b>BJORN, JUDITH</b>
STREET ADDRESS	<b>1210 LA SALIDA WAY</b>
CITY- ST- ZIP	<b>LEESBURG, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 in an attachment with an address.

SIGNATURE Judy Bjorn **Judy BJORN** 4/6/95 904-787-7607  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date License No.