

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 446704 (9)

1. Corporation Name

SALES MARKETING RETAILING CORPORATION

Principal Place of Business

704 W BAY ST
TAMPA FL 33606

Mailing Address

704 W BAY ST
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/21/1974

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1508231

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 2902 W. Fair Oaks Ave

2a. Mailing Address

26 2902 W. Fair Oaks Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33611

Country

25 USA

Zip

29 33611

Country

30 USA

9. Name and Address of Current Registered Agent

WALLACE, SUSAN
2902 FAIR OAKS
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

Wallace, Susan

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

2902 W. Fair Oaks Ave.

83

84 City

Tampa

FL

85 Zip Code

33611

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME WALLACE, SUSAN
STREET ADDRESS 2902 FAIR OAKS
CITY - ST - ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME DCP
1.3 STREET ADDRESS Wallace, Susan
1.4 CITY - ST - ZIP 2902 W. Fair Oaks Ave.
Tampa, FL 33611

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY - ST - ZIP ☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Type Name)

4-11-95

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