

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90080 010 \*\*\*150.00

DOCUMENT # 450980

1. Corporation Name

TOTAL MARKETING, INC.

Principal Place of Business

7013 US 19  
NEW POR RICHEY FL 34652  
US

Mailing Address

7013 US 19  
NEW POR RICHEY FL 34652  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1974

4. FEI Number

59-1530888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

ERNST, EMIL, JR.  
4678 MARINE PAKWY T 107  
NEW PORT RICHEY FL 33552

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERNST, BRET L	
STREET ADDRESS	4940 CHERRY CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ERNST, LORNA M	
STREET ADDRESS	4678 MARINE PKWY T1 #107	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ERNST JR, EMIL	
STREET ADDRESS	4678 MARINE PKWY T-1 #107	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRIEG, LORIE L	
STREET ADDRESS	7908 CASTLE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ERNST, EMIL E	
STREET ADDRESS	4935 PETUNIA CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL00000	
TITLE		<input type="checkbox"/> DELETE
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: LORNA M. ERNST 4/2/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0501355

CR2E034 (11/98)