FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:49

DOCUMENT # 526347 (0)

1. Corporation Name
ADVANCED MARKETING SOUTHEAST, INC.

Principal Place of Business	Mailing Address
5002 S.E. 7TH PLACE OCALA FL 34471 US	5002 S.E. 7TH PLACE OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1977
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 59-1738314 ☐ 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

TROW, CHESTER
7 EAST SILVER SPRINGS BLVD.
OCALA FL 34470

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	FYE, JOHN	1.2 NAME	
STREET ADDRESS	5002 S E 7TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP	34471
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	GRANBERRY, DAVID	2.2 NAME	Delete - No Longer
STREET ADDRESS	6855 N.W. 23 TERR.	2.3 STREET ADDRESS	Officer or Director
CITY-ST-ZIP	FT.LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☑ Change ☐ Addition
NAME	FISHER, TOM	3.2 NAME	V + T
STREET ADDRESS	10119 HAMPTON PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL'	3.4 CITY-ST-ZIP	33618
TITLE	S	4.1 TITLE	☑ Change ☐ Addition
NAME	ARCHER, GEORGE	4.2 NAME	
STREET ADDRESS	228 BRIAR CREEK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREER SC	4.4 CITY-ST-ZIP	29651
TITLE	V	5.1 TITLE	☑ Change ☐ Addition
NAME	MOULTON, LAWRENCE	5.2 NAME	
STREET ADDRESS	2113 N.E. 49TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	34470
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: John Fye JOHN FYE, PRES 1-30-95 904/694-3880
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Title — Daytime Phone #

0381043 - CP