FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **526347** **(0)**

1. Corporation Name

ADVANCED MARKETING SOUTHEAST, INC.

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

Mailing Address
5002 S.E. 7TH PLACE
OCALA FL 34471
US

2. Principal Place of Business
21 6170 SE 5TH PLACE
Suite, Apt. #, etc.
22
City & State
23 OCALA, FL
Zip
24 34472
Country
25 MARION

2a. Mailing Address
26 6170 SE 5TH PLACE
Suite, Apt. #, etc.
27
City & State
28 OCALA, FL
Zip
29 34472
Country
30 MARION

3. Date Incorporated or Qualified: 02/22/1977

3a. Date of Last Report: 02/01/1995

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 607.1506, 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 — Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FYE, JOHN
STREET ADDRESS	~~5002 S E 7TH PLACE~~ 6170 SE 5TH PLACE
CITY-ST-ZIP	OCALA, FL ~~00000~~ 34472
TITLE	VT
NAME	FISHER, TOM
STREET ADDRESS	10119 HAMPTON PL.
CITY-ST-ZIP	TAMPA, FL'
TITLE	S
NAME	ARCHER, GEORGE
STREET ADDRESS	228 BRIAR CREEK RD.
CITY-ST-ZIP	GREER SC
TITLE	V
NAME	MOULTON, LAWRENCE
STREET ADDRESS	2113 N.E. 49TH STREET
CITY-ST-ZIP	OCALA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 is accompanied with an address.

SIGNATURE: John Fye — JOHN FYE, PRES — 1-19-96 — 352/694-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)