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FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90146 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 526347

1. Corporation Name

ADVANCED MARKETING SOUTHEAST, INC.

Principal Place of Business

2412 S.E. 27 STREET
OCALA FL 34471-0703
US

Mailing Address

2412 S.E. 27 STREET
OCALA FL 34471-0703
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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 P
NAME FYE, JOHN
STREET ADDRESS 2412 SE 27 STREET
CITY-ST-ZIP Ocala FL

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 12001 S.W. 61 PLACE ROAD
CITY-ST-ZIP Ocala FL 34481

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34471

2.1 TITLE VT
2.2 NAME FISHER, TOM
2.3 STREET ADDRESS 2916 STARMOUNT DRIVE
2.4 CITY-ST-ZIP VALRICO, FL 33594

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 29651

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 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:

John Fye John Fye, Pres. 1-4-99 352-690-7301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)