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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

626082 (2)

PRO-MARK, INCORPORATED

**FILED** Jan 16 1998 8:00am Secretary of State

|--|--|--|

Dringing Diag	o of Divinos	Mailing Addrona						
Principal Place of Business Mailing Address  2522 PRETTY BAYOU ISLAND DRIVE P. O. BOX 15932								
PANAMA CITY FL 32405  PANAMA CITY FL 32406  US					DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Maiting Address				06/14/1979 4. FEI Number Applie	ed For	
		26					pplicable	
		Suite, Apt. #, etc.				5. Certificate of Status Dosired See Reguli		
City & State	0	City & State				6. Election Campaign Financing \$5.00 Ma		
23		28				Trust Fund Contribution Added to F		
Zip	Country	Ζφ	Cour	nlry		8. This corporation owes or has paid the current year Intang	,	
24	9. Name and Address of Currer		30			Personal Property Tax due June 30. Yes N  10. Name and Address of New Registered Agent	10	
		it negistered Agent		81	Name			
	ilkis, norman 22 pretty bayou Island Driv	rc	Ĺ	_				
	NAMA CITY FL 32405	/E	,	82 Street Address (P.O. Box Number is Not Acceptable)				
, , ,			Ī	83				
			7	84	City	85 Zip Cod	de ob	
					•	d corporation submits this statement for the purpose of changing its re		
12.	PD	ont and title if applicable (NOTE D DIRECTORS DELETE	13. 1.1 701	LF	l signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  PO Change C  Suc C. Gulkis  2522 Pretty Bayou Island DR  PANAMA City Fl 32405  STD  Norm Gulkis  SAME	N 12 Addition	
NAME	GULKIS, NORMAN	•	1.2 NA			SUC C. GUILLIAM Island DR		
STREET ADDRESS	2522 PRETTY BAYOU ISLANI PANAMA CITY FL	,	1.4 CIT		ADDRESS	2522 FEET 32405		
CITY-ST-ZIP TITLE	\$TD	DELETE	2.1 TITL		ZIF	Change L	Addition	
NAME	GULKIS, SUE		2 2 NA1	ME.		Joen Rulkis		
STREET ADDRESS	2522 PRETTY BAYOU ISLANI	)	2.3 STR	REFLA	DDRESS	SAME		
CITY-ST-ZIP	PANAMA CITY FL	· · · · · · · · · · · · · · · · · · ·	2. 4 CIT		- 7IP			
TATLE		L DELF1E	3.1 7111			L_J Change L	Addition	
NAME			3.2 NA		DDDCCC			
STREET ADDRESS CITY-ST-ZIP			3.4. CIT		ADDRESS 1.202			
101E		DELETE	4.1 1111		-20	Change	Addition	
NAME			4. 2 NA					
STREET ADDRESS			4.3 STR	REET A	DDRESS			
COLY-ST-ZIF			4.4 CiT	Y-S1-	- 71P			
TITLE		☐ DELFTE	5.1 THT	LE		Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS			•		DDRESS			
CITY+ST-ZIP		T DELETE	5.4 C(1)		· ZIP	Change	Addition	
TITLE		☐ DELFTE	6.1 TH			change	→ MOUNDO	
NAME CTOTET ADDOCSS			6.2 NAM		DDRES\$			
STREET ADDRESS CITY-ST-ZIP			6.4 CiT					
14. Thereby o	certify that the information supplied w	vith this filing does not qualify fo	r the exer	mpti	on state	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the info	ormation	
officer or		erver or trustee empowered to a				griature shall have the same legal effect as if made under eath; that I a is required by Chapter 607, Florida Statules; and that my name appear		