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FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90033 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 673900

1. Corporation Name
TRIAD MARKETING CORPORATION

Principal Place of Business
620 CHELSEA ST
JACKSONVILLE FL 32204
US

Mailing Address
620 CHELSEA ST
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1980

4. FEI Number

59-2008128

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGHOEFER, JOYCE L
9601 SUNBEAM CTR. DR.
JACKSONVILLE FL 32257

81 Name Berghofer, Joyce L.

82 Street Address (P.O. Box Number is Not Acceptable)

620 Chelsea St.

83

84 City Jacksonville FL

85 Zip Code

32204

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 *Joyce L. Berghofer*
Signature, typed or printed name of registered agent and title if applicable.

Joyce L. Berghofer
(NOTE: Registered Agent signature required when reinstating)

3-18-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME BERGHOEFER, JOYCE L
STREET ADDRESS 9218 SAFFRON COURT
CITY-ST-ZIP JACKSONVILLE, FL 00000

1.1 TITLE PT ☒ Change ☐ Addition
1.2 NAME Berghofer, Joyce L.
1.3 STREET ADDRESS 8144 1st Coast Hwy. #203
1.4 CITY-ST-ZIP Amelia Island, FL 32034

TITLE V ☐ DELETE
NAME BERGHOEFER, DAVID W
STREET ADDRESS 1587 SCOTTRIDGE LN
CITY-ST-ZIP JACKSONVILLE FL 32259

2.1 TITLE VS ☐ Change ☐ Addition
2.2 NAME Berghofer, David W.
2.3 STREET ADDRESS 1587 Scottbridge Ln.
2.4 CITY-ST-ZIP Jax, FL 32259 ☐ Change ☐ Addition

TITLE D ☒ DELETE
NAME VANPUYMBROUCK, DONNA
STREET ADDRESS 4227 E STATE RD 200
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: *Joyce L. Berghofer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99
Date

904-354-7425
Daytime Phone #

CR2E034 (11/98)