FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706418 (1)

1. Corporation Name

SALES AND MARKETING EXECUTIVES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1919 BEACHWAY RD., STE. 6J JACKSONVILLE FL 32207	1919 BEACHWAY RD., STE. 6J JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1963
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1150727 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

NASH, DENIS
1919 BEACHWAY RD., STE. 6J
JACKSONVILLE FL 32207

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	P	☑ Change ☐ Addition
NAME	HENLEY, GAIL	1.2 NAME	HAL FAHNER	
STREET ADDRESS	WAW-B675 HOGAN RD	1.3 STREET ADDRESS	BC/BS 8900 FREEDOM COMMERCE PKY	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX FL 32207	
TITLE	VP	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	FAHNER, HAL	2.2 NAME	GLENN OVERMAN	
STREET ADDRESS	BC/B5 8900 FREEDOM COMMERCE PKY	2.3 STREET ADDRESS	60+ A MKT. - 9432 BAYMEADOWS RD #150	
CITY-ST-ZIP	JACKSONVILLE L	2.4 CITY-ST-ZIP	JAX FL 32256	
TITLE	VPD	3.1 TITLE	VPD	☑ Change ☐ Addition
NAME	OVERMAN, GLENN	3.2 NAME	JOE MILLER	
STREET ADDRESS	60 A 9432 BAYMEADOWS RD #150	3.3 STREET ADDRESS	BC/BS - 8900 FREEDOM COMMERCE PKY	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JAX FL 32256	
TITLE	TS	4.1 TITLE	TREA.-D	☑ Change ☐ Addition
NAME	HIBLER, TED	4.2 NAME	EMERSON BRINTLEY	
STREET ADDRESS	MARRIOTT 4670 SALISBURY RD	4.3 STREET ADDRESS	LEGRAND GROUP - 4211 STALEY RD. W	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JAX, FL 32250	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	MILLER, JOE	5.2 NAME	MIKE DORIGAN	
STREET ADDRESS	BC/BS 8900 FREEDOM COMMERCE PKY	5.3 STREET ADDRESS	119 SEWALD ST	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JAX FL - 32205	
TITLE	ED	6.1 TITLE	ED-D	☐ Change ☐ Addition
NAME	NASH, DENIS	6.2 NAME	DENIS NASH	
STREET ADDRESS	1919 BEACH WAY RD 6J	6.3 STREET ADDRESS	1919 BEACHWAY RD 6J	
CITY-ST-ZIP	JACKSONVILLE L	6.4 CITY-ST-ZIP	J.F. 32207	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JAN. 16, 95 396-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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