

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/13/1963

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **FAHNER, HAL**
STREET ADDRESS **BC/BS 8900 FREEDOM COMMERCE PKY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☐ DELETE

NAME **OVERMAN, GLENN**
STREET ADDRESS **60 & A MKT- 9432 BAY MEADOWS RD #150**
CITY-ST-ZIP **JACKSONVILLE L**

TITLE **VPD** ☐ DELETE

NAME **MILLER, JOE**
STREET ADDRESS **BC/BS- 8900 FREEDOM COMMERCE PKY**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ DELETE

NAME **BRANTLEY, EMERSON**
STREET ADDRESS **LEGRAND GROUP- 4211 STACEY ROAD W**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **CORRIGAN, MIKE**
STREET ADDRESS **119 SEWALD STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ED** ☐ DELETE

NAME **NASH, DENIS**
STREET ADDRESS **1919 BEACH WAY RD 6J**
CITY-ST-ZIP **JACKSONVILLE L**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **OVERMAN, GLENN**
1.3 STREET ADDRESS **60 & A MKT- 9432 BAY MEADOWS RD #150**
1.4 CITY-ST-ZIP **JACKSONVILLE L**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **BRANTLEY, EMERSON**
2.3 STREET ADDRESS **LEGRAND GROUP- 4211 STACEY ROAD W**
2.4 CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **MILLER, JOE**
3.3 STREET ADDRESS **BC/BS- 8900 FREEDOM COMMERCE PKY**
3.4 CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **CORRIGAN, MIKE**
4.3 STREET ADDRESS **119 SEWALD STREET**
4.4 CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **NASH, DENIS**
5.3 STREET ADDRESS **1919 BEACH WAY RD 6J**
5.4 CITY-ST-ZIP **JACKSONVILLE L**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

904396-2880

Date

Daytime Phone #

CR2E037 (12/95)