

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 01 1997 8:00am  
Secretary of State

DOCUMENT # 706418 (1)  
Corporation Name  
SALES AND MARKETING EXECUTIVES OF JACKSONVILLE,  
INC.

Principal Place of Business Mailing Address  
19 BEACHWAY RD., STE. 6J  
JACKSONVILLE FL 32207 1919 BEACHWAY RD., STE. 6J  
JACKSONVILLE FL 32207-2370

Principal Place of Business 2a. Mailing Address  
1914 BEACHWAY ROAD  
Suite, Apt. #, etc. 26 1914 BEACHWAY ROAD  
SUITE 2-J  
City & State 27 JACKSONVILLE, FL  
Zip 32207 Country 28 U.S.A.  
29 32207 30 U.S.A.

3. Date Incorporated or Qualified 11/13/1963 3a. Date of Last Report 03/26/1996  
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  
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)  
1914 BEACHWAY ROAD, STE 2-J  
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 reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME ☐ DELETE  
P OVERMAN, GLENN OK  
STREET ADDRESS 60 & A MKT- 9432 DAY MEADOWS RD #150  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE NAME ☐ DELETE  
VPD MILLER, JOE  
STREET ADDRESS BC/BS- 8900 FREEDOM COMMERCE PKY  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE NAME ☐ DELETE  
VP BRANTLEY, EMERSON  
STREET ADDRESS LEGRAND GROUP- 4211 STACEY ROAD W  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE NAME ☒ DELETE  
D CORRIGAN, MIKE  
STREET ADDRESS 119 SEWALD STREET  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE NAME ☒ DELETE  
ED NASH, DENIS  
STREET ADDRESS 1919 BEACH WAY RD 6J  
CITY-ST-ZIP JACKSONVILLE FL  
TITLE NAME ☐ DELETE  
VPD  
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  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME P BRANTLEY III, W. EMERSON  
3.3 STREET ADDRESS 4211 STACEY ROAD W,  
3.4 CITY-ST-ZIP JACKSONVILLE, FL  
4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME VPD REGINAL ROGERS  
4.3 STREET ADDRESS 7811 McLAURIN ROAD N.  
4.4 CITY-ST-ZIP JACKSONVILLE, FL  
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

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

SIGNATURE: W. EMERSON BRANTLEY III, PRESIDENT

CR2E037 (9/96)