**FILED** 

Feb 03, 1999 8:00am

**Secretary of State** 

( 1**803168** 2018 11990 0201 03018 1002 1004 01019 0103 0120 0201 0301 01011 01011

02-03-1999 90027 007 \*\*\*150.00

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

PROFIT \*\*\* **CORPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F26097 1. Corporation Name

SOUTHWAY MARKETING, INC.

						Ш
Principal Plac	ce of Business	Mailing Address			(K BEBAR BEBAR BEBAR BIBIR BEBAR BIBIR BI	I
6302 SAN JUAI JACKSONVILLE		6302 san Juan Ave. Jacksonville FL 32210		DO NOT WRITE II	N THIS SPACE	
				3. Date Incorporated or Qualifed	THIO OF AGE	
				03/20/1981		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2091836	Not Applica	able
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additiona	ıi
22		27		5, Certificate of Glatus Desired	Fee Required	
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	28	Courter	Trust Fund Contribution	Added to Fees	
<u> </u>	25	— · —	Country	8. This corporation owes the current y	_ <u>×</u>	
24	9. Name and Address of Curren		<u>U                                     </u>	Personal Property Tax.  10. Name and Address of New Regis	Yes No	
	J. Name and Addiese of Carres	in registered rigen	81 Name	10. Name and Address of New Regis	steren Agent	
EDW	/ARDS, ALAN C		[ • ]			
	2 SAN JUAN AVE.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
JACI	KSONVILLE FL 32210		83		The second second second	<u> </u>
Yet .	<del>-</del>					1,
			<b>84</b> City		FL 85 Zip Code	
				-		
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508. Florida Statutes.	, the above-named con	poration submits this statement for the pure	nee of changing its registers	ъd
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, of Florida. Such change was auth vision of Society 607.0505, Florida	, the above-named corp norized by the corporation	poration submits this statement for the purp ilon's board of directors. I hereby accept the	ose of changing its registere appointment as registered	∍d
agent. i a	am familiar with, and accept the obliga	ations of Section 607.0505, Florida	a Statutes.	poration submits this statement for the purp iion's board of directors. I hereby accept the	e appointment as registered	∍d
,11. Pursuant office or r agent. I a SIGNATURE	am familiar with, and accept the obliga	ations of, Section 607.0505, Florida Wards Pre	a Statutes.	1/1/	oose of changing its registered appointment as registered	∌d
agent. i a	am familiar with, and accept the obligation of t	ations of, Section 607.0505, Florida Wards Pre	a Statutes. Sident	red when reinstating)	/99.	
agent. I a	am familiar with, and accept the obligation of t	wations of, Section 607.0505, Florida  Wards Pre int and title if applicable. (NOTE: Re	a Statutes. SIDENT gistered Agent signature require	1/1/	/99.	2
agent. I a SIGNATURE	am familiar with, and accept the obligation of t	ations of, Section 607.0505, Florida  WALAS  Pre  Int and title if applicable. (NOTE: Re	a Statutes.  SIDENT  egistered Agent signature require  13.	red when reinstating)	199 RS AND DIRECTORS IN 12	2
agent. I a SIGNATURE  12.  TITLE	am familiar with, and accept the obligation of t	ations of, Section 607.0505, Florida  WALAS  Pre  Int and title if applicable. (NOTE: Re	a Statutes.  SIDENT  gistered Agent signature require  13.  1.1 TTLE	red when reinstating)	199 RS AND DIRECTORS IN 12	2
agent. I a SIGNATURE  12. TITLE NAME	Am familiar with, and accept the obligation of t	ations of, Section 607.0505, Florida  WALAS  Pre  Int and title if applicable. (NOTE: Re	a Statutes.  SIDENT  Signature require  13.  1.1 TITLE  1.2 NAME	red when reinstating)	199 RS AND DIRECTORS IN 12	2
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN P EDWARDS, ALAN 6302 SAN JUAN AVE. JACKSOVNILLE FL 32210	ations of, Section 607.0505, Florida  WALAS  Pre  Int and title if applicable. (NOTE: Re	a Statutes.  SIDENT  Significant Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	red when reinstating)	199 RS AND DIRECTORS IN 12	2 dition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN P EDWARDS, ALAN 6302 SAN JUAN AVE. JACKSOVNILLE FL 32210 S EDWARDS, HELEN	Atlons of, Section 607.0505, Florid:  WAS PE Int and title if applicable. (NOTE: Re  ND DIRECTORS  DELETE	a Statutes.  SIDENT  Signature require  13.  1.1 ITILE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	red when reinstating)	RS AND DIRECTORS IN 12	2 dition
AGENTURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITILE	P EDWARDS, ALAN 6302 SAN JUAN AVE.  JACKSOVNILLE FL 32210 S EDWARDS, HELEN 6302 SAN JUAN AVE.	Atlons of, Section 607.0505, Florid:  WAS PE Int and title if applicable. (NOTE: Re  ND DIRECTORS  DELETE	a Statutes.  SIDENT  significant Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	red when reinstating)	RS AND DIRECTORS IN 12	2 dition
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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.

6.4 CITY-ST-ZIP

199 904-695-9788 Date Daytime Phone #