

DOCUMENT # F40662

1. Entity Name

H.T. MARKETING OF FLORIDA, INC.

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90008 018 \*\*\*150.00

Principal Place of Business

123 N ORCHARD ST  
ORMOND BEACH FL 32174  
US

Mailing Address

PO BOX 1828  
ORMOND BEACH FL 32175  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

53 River Ridge Trail  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

4. FEI Number 59-2118711

Applied For

Not Applicable

Zip 32174

Country USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVENUE  
P.O. BOX 191  
DAYTONA BEACH FL 32014

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST  
NAME KELLEY, EDWARD I  
STREET ADDRESS 53 RIVER RIDGE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE D  
NAME KELLEY, EDWARD I  
STREET ADDRESS 53 RIVER RIDGE TRAIL  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Kelley, Mary Margaret  
CITY-ST-ZIP 53 River Ridge Trail  
Ormond Beach, FL 32174

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Kelley, Katherine  
CITY-ST-ZIP 53 River Ridge Trail  
Ormond Beach, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ED Kelley

EDWARD I. KELLEY

Date

Daytime Phone #

1-04-2001 673-1526

CR2E034 (10/00)