


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90125 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # **F93000004040**

1. Corporation Name

THE PRODUCERS MARKETING GROUP, P.A.



| | |
|---|---|
| Principal Place of Business POST OFFICE BOX 13928 JACKSON MS 39236-3928 | Mailing Address POST OFFICE BOX 13928 JACKSON MS 39236-3928 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/01/1993 | |
| 4. FEI Number 64-0832313 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent CARUCCI, MICHAEL 4400 HWY 20 EAST, SUITE 312 FT. WALTON BEACH FL 32548 NICEVILLE, FL 32578 |
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|---|
| 10. Name and Address of New Registered Agent 81 Name CARUCCI, MICHAEL 82 Street Address (P.O. Box Number is Not Acceptable) 4400 HWY 20 EAST, 83 SUITE 312 84 City NICEVILLE 85 Zip Code FL 32578 |
|---|

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/99

| | |
|--|---------------------------------|
| 12. OFFICERS AND DIRECTORS | <input type="checkbox"/> DELETE |
| TITLE PS | |
| NAME PAGE, T. MARK | |
| STREET ADDRESS | |
| CITY-ST-ZIP JACKSON MS 39211 | |
| TITLE <input type="checkbox"/> DELETE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE PS | |
| 1.2 NAME PAGE, T. MARK | |
| 1.3 STREET ADDRESS 65 N. Crownpointe Dr. | |
| 1.4 CITY-ST-ZIP JACKSON, MS 39211 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 in the original, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/6/99 **601-362-9846**

CR2E034 (11/98)