

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 1:17

DOCUMENT # F94000000929 (9)

1. Corporation Name

MAXWELL MARKETING SERVICES, INC.

Principal Place of Business

3015 HARTLEY RD.
SUITE 8A BOX 25
JACKSONVILLE FL 32257

Mailing Address

3015 HARTLEY RD.
SUITE 8A BOX 25
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report
4. FEI Number 63-1096854	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	

2. Principal Place of Business 21 1930 SAN MARCO Blvd. Suite, Apt. #, etc. 22 Suite 201 City & State 23 Jacksonville, FL Zip 24 32207	2a. Mailing Address 26 1930 SAN MARCO Blvd. Suite, Apt. #, etc. 27 Suite 201 City & State 28 Jacksonville, FL Zip 29 32207	Country 25 Dural 30 Dural
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9. Name and Address of Current Registered Agent

LILLY, MARK W
3015 HARTLEY RD.
SUITE 8A BOX 25
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name Lilly, MARK W.
82 Street Address (P.O. Box Number is Not Acceptable) 1930 SAN MARCO Blvd. #201
83
84 City JACKSONVILLE
85 Zip Code 32207

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 fee if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSC
LILLY, MARK W
3015 HARTLEY RD., #8A, BOX 25
JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PSC
LILLY, MARK W.
1930 SAN MARCO Blvd. #201
JACKSONVILLE, FL 32207

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mark Lilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/95 904-398-9960