

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G33957** (3)

1. Corporation Name

**CM MARKETING, INC.**



Principal Place of Business

**14502 N DALE MABRY  
SUITE 200  
TAMPA FL 33618  
US**

Mailing Address

**14502 N DALE MABRY  
SUITE 200  
TAMPA FL 33618  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CRAWFORD, WILLIAM A.  
9821 PORTSIDE DR.  
LARGO FL 34646**

3. Date Incorporated or Qualified

**04/19/1983**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2293856**

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

10. Name and Address of New Registered Agent

81 Name

**MARSHBURN, NORMAN B.**

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

**27441 MILLER ROAD**

83

84 City

**DADE CITY**

**FL**

85 Zip Code

**33525**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

*Norman B. Marshburn*

(Print Name of Registered Agent) Signature Required When Filing

**Norman B. Marshburn April 16, 1996**

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE  
NAME **CRAWFORD, WILLIAM A**  
STREET ADDRESS **9821 PORTSIDE DR**  
CITY-ST-ZIP **LARGO, FL 00000**

TITLE **DVS** ☒ DELETE  
NAME **CRAWFORD, ELIZABETH**  
STREET ADDRESS **9821 PORTSIDE DR**  
CITY-ST-ZIP **LARGO FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPT** ☒ Change ☐ Addition  
1.2 NAME **MARSHBURN, NORMAN B.**  
1.3 STREET ADDRESS **27441 MILLER RD.**  
1.4 CITY-ST-ZIP **DADE CITY, FL 33525**

2.1 TITLE **DVS** ☒ Change ☐ Addition  
2.2 NAME **MARSHBURN DEBRA A.**  
2.3 STREET ADDRESS **27441 MILLER RD.**  
2.4 CITY-ST-ZIP **DADE CITY, FL 33525**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 or changed, or on an attachment with an address.

SIGNATURE:

*Norman B. Marshburn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Norman B. Marshburn**

**4-16-96**

**813-264-9707**

CR2E034 (12/95)