

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 # **H15209** (0)

1. Corporation Name
LEWIS & CLARK MARKETING SERVICES, INC.



Principal Place of Business
**619 N. DIXIE HWY
P.O. BOX 47/ LAKE WORTH, FL 33460
LAKE WORTH FL 33460
US**

Mailing Address
**P. O. BOX 47
P.O. BOX 47/ LAKE WORTH, FL 33460
LAKE WORTH FL 33460
US**

3. Date Incorporated or Qualified **08/06/1984** 3a. Date of Last Report **06/22/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State **Lake Worth FL**
23 Zip **33460** Country **P.B.C.**
24 25 26 27 28 29 30

2a. Mailing Address
26 **P.O. Box 31**
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country

4. FLE Number **59-2400609** 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

9. Name and Address of Current Registered Agent
**FENLASON, JOHN D.
619 N. DIXIE HWY.
SUITE 227 Delete
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and the applicable date (2011 Registered Agent Signature required when in state)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	FENLASON, JOHN D.	6589 PAUL MAR DRIVE	LANTANA FL	<input type="checkbox"/>
DS	FENLASON, SUZANNE M.	6589 PAUL MAR DRIVE	LANTANA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 if changing or on an attachment with an address.

SIGNATURE: **John D. Fenlason**
4-28-96 407-582-5129
0452218 FP

CR2E034 (12/95)