

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 # H52250 (8)

1. Corporation Name

TARGET DIRECT MAIL MARKETING, INC.



Principal Place of Business

923 NE JENSEN BCH BLVD.
JENSEN BEACH FL 34957

Mailing Address

923 NE JENSEN BCH BLVD.
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified
04/15/1985

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 2051 N.E. Dixie Hwy.

26 P.O. Box 356

4. FEI Number
59-2530021

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

Jensen Beach, FL

Palm City, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

34957

USA

34990

USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOUCHER, KATHY
1006 S.W. WOOD CREEK DR.
PALM CITY FL 34990

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BOUCHER, PAUL F.
STREET ADDRESS
1006 S.W. WOOD CREEK DR.
CITY - ST - ZIP
PALM CITY FL

TITLE ☐ DELETE

NAME
BOUCHER, KATHY
STREET ADDRESS
1006 S.W. WOOD CREEK DR.
CITY - ST - ZIP
PALM CITY FL

TITLE ☐ DELETE

NAME
BOUCHER, KATHY
STREET ADDRESS
1006 S.W. WOOD CREEK DR.
CITY - ST - ZIP
PALM CITY FL

TITLE ☐ DELETE

NAME
LAING, SHARON
STREET ADDRESS
1099 NE CRESCENT ST
CITY - ST - ZIP
JENSEN BEACH FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

Kathy Boucher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

Date

407-334-8247

Daytime Phone #

CR2E034 (12/95)