

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MEMBERS AMOUNT DUE TO REINSTATE: \$75)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 AUG -4 AM 10:16

**DOCUMENT # H59859 (9)**

1. Corporation Name  
**ACTION MERCHANDISING SERVICES, INC.**

Principal Place of Business Mailing Address  
~~1000 CROWN PARK DR. TAMPA FL 33615~~  
~~1000 CROWN PARK DR. TAMPA FL 33615~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/03/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address  
**21 10004 MARATHON CT 26 10004 MARATHON CT**

4. FEI Number **59-2485543** 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 **TAMPA FLA** 28 City & State **TAMPA FLA**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip **33615** 25 Country **U.S.A.** 29 Zip **33615** 30 Country **U.S.A.**

6. This corporation has liability for intangible tax under s. 199.022, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCPHAIL, JAMES A., JR.**  
~~1000 CROWN PARK DR. TAMPA FL 33615~~  
**10004 MARATHON COURT TAMPA, FLORIDA 33615**

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]* DATE **7-31-95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **PD**  
NAME **MCPHAIL, JAMES A., JR.**  
STREET ADDRESS ~~1000 CROWN PARK DR. TAMPA FL 33615~~  
CITY - ST - ZIP **TAMPA, FLA, 33615**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D**  
NAME **MCPHAIL, JAMES A., SR.**  
STREET ADDRESS ~~1000 CROWN PARK DR. TAMPA FL 33615~~  
CITY - ST - ZIP **TAMPA, FLA 33615**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 thereof; and that I am authorized 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: *[Signature]* DATE **7-31-95** **813-854-5094**

CR2E034 (3/95)