

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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APPROVED
 AND
 FILED
 95 MAY -1 AM 9:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H68271 (6)
 1. Corporation Name
J. B. MARKETING, INC.

Principal Place of Business 22 BEAL PKWY SW PO BOX 1180 FORT WALTON BEACH FL 32548	Mailing Address 22 BEAL PKWY SW PO BOX 1180 FORT WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/23/1985	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2607445		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent BOSWELL, JIM C. 22 BEAL PARKWAY, S.W. SUITE B FORT WALTON BEACH FL 32548	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 Name) _____ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	
		4. CITY, ST, ZIP	
TITLE	NAME	5. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6. NAME	
CITY, ST, ZIP		7. STREET ADDRESS	
		8. CITY, ST, ZIP	
TITLE	NAME	9. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	10. NAME	
CITY, ST, ZIP		11. STREET ADDRESS	
		12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	14. NAME	
CITY, ST, ZIP		15. STREET ADDRESS	
		16. 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)(b), 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: *Jim C. Boswell* **3/27/94** (804) 244-4828
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR