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 # **H68271** **(6)**

1. Corporation Name

J. B. MARKETING, INC.

Principal Place of Business	Mailing Address
~~22 BEAL PKWY SW~~ PO BOX 1180 FORT WALTON BEACH FL ~~32548~~	~~22 BEAL PKWY SW~~ PO BOX 1180 FORT WALTON BEACH FL ~~32548~~

2. Principal Place of Business 21 326 Green Acres Road	2a. Mailing Address 26 326 Green Acres Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32547 Country 25	Zip 29 32549 Country 30

3. Date Incorporated or Qualified 07/23/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2607445	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

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) 326 Green Acres Road

83

84 City FL 85 Zip Code 32547

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 _____ (NOTE: Registered Agent's signature is required if name is changed) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOSWELL, JIM C.		1.2 NAME		
STREET ADDRESS	25 ANASTASIA DRIVE, SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	BOSWELL, STEVEN C.		2.2 NAME	Boswell, Steven C.	
STREET ADDRESS	463 LOUIS EDWARD CT.		2.3 STREET ADDRESS	331 Antigua Way	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Niceville - FL - 32578	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOSWELL, MARY JO		3.2 NAME		
STREET ADDRESS	25 ANATASIA DR. S.E		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH. FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	BOSWELL, KENNETH M.		4.2 NAME	Boswell, Kenneth M.	
STREET ADDRESS	3324 WOODRUN TRAIL		4.3 STREET ADDRESS	804 Spanish Moss Trail	
CITY-ST-ZIP	MARIETTA GA		4.4 CITY-ST-ZIP	Destin - FL - 32541	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(i), 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: _____ 1/22/96 904-863-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #