## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name H82766 (7) E. B. MARKETING, INC. Principal Place of Business Mailing Address 225 STERLING AVE P.O. BOX 124 FORT MYERS BCH. FL 33931 FORT MYERS BCH. FL 33931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/14/1985</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2587696 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JURSINSKI, KEVIN F. BARNETT CENTRE, SUITE 402 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 84 City 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 oppositions of, Section 607.0505, Florida Statutes. *3- 44-98* 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE GROLL, DEBORAH A. 1.2 NAME NAME 225 STERLING AVE. STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE MAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

CR2E094

Change

☐ Addition

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing 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: Allowards Williams Company Compan

6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

DELETE

TITLE

NAME

STREET ADDRESS