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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 10: 13

DOCUMENT # J05650 (3)

1. Corporation Name

CMB MARKETING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1137 U S HWY 98 SOUTH SUITE C LAKELAND FL 33801 US	% HAROLD CAMERON 515 NANSEMOND AVE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1986
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21):	2a. Mailing Address (26): 1137 US HIGHWAY 98 SOUTH
Suite, Apt. #, etc (22):	Suite, Apt. #, etc (27): SUITE C
City & State (23):	City & State (28): LAKELAND, FL
Zip (24): Country (25):	Zip (29): 33801 Country (30): POLK

4. FEI Number: 59-2663433 ☐ 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

CAMERON, HAROLD
515 NANSEMOND AVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1217 TIMBERIDGE LOOP S
83
84 City: LAKELAND FL 85 Zip Code: 33809-2355

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 ______ (Registered agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: CAMERON, HAROLD STREET ADDRESS: 515 NANSEMOND AVE CITY-ST-ZIP: LAKELAND FL	☐ Change ☐ Addition
TITLE: VD NAME: TOMPKINS, PAUL B. STREET ADDRESS: 112 ELVIRA CITY-ST-ZIP: GEORGETOWN FL	☐ Change ☐ Addition
TITLE: D NAME: HANCOCK, V.A. STREET ADDRESS: 3908 SABAL PALM COURT CITY-ST-ZIP: BRANDON FL	☐ Change ☐ Addition
TITLE: STD NAME: VAVRA, BARBARA STREET ADDRESS: 1515 LESLIE DR. CITY-ST-ZIP: LAKELAND FL	☐ Change ☐ Addition
TITLE: D NAME: PALMER, RICHARD J STREET ADDRESS: 1207 HAMMOCK SHADE DR CITY-ST-ZIP: LAKELAND FL	☐ Change ☐ Addition
TITLE: D NAME: CHIOZZA, FRANK E STREET ADDRESS: 4615 APPLE RIDGE LANE CITY-ST-ZIP: TAMPA FL	☐ Change ☐ Addition

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: [signature] HAROLD R. CAMERON 3/09/95 813-682-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0318660 CP