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

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J18854

1. Corporation Name

MCKENZIE MARKETING, INC.

Principal Pla	ce of Business	Mailing Address				AN DEDI BEDIE DEN	41 <b>CINII BLOSI</b> (	01011 B1011 1001
1079 US 19 S	OUTH	1079 US 19 SOUTH						
4600 BUCHANAN HIGHWAY 4600 BUCHANAN HIGHWAY								
AMERICUS GA	X 31709	AMERICUS GA 31709 US			DO NOT WRI	TE IN THIS S	SPACE	*
					3. Date Incorporated or Qualifed 06/04/1986			
<b>—</b>	Place of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			59-2678719		No	ot Applicable
Suite, Apt. #, etc. / Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 / Fee Re	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intry	8. This corporation owes the curre	ent year Intar	ngible	
24	[25]		30		Personal Property Tax.		☐ Yes	(Z)N6
	9. Name and Address of Curr	ent Registered Agent		241	10. Name and Address of New R	egistered A	gent	
٨٥٥	ROTT WAYNE			81 Name				
ABBOTT, WAYNE 4502 GROVELAND STREET				82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	• ,	·
1							<u> </u>	- 1.
DH/	ADENTON FL 34208			83			1	
}				84 City		100 100	1 - 1 - <del>1</del> - 1	01: 11: 1
	edicinate e in a			64) City		FL	85 Zip 0	Joae
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblice	te of Fiorida. Such chande was at	utnorizea	i by the corporatio	oration submits this statement for the n's board of directors. I hereby accep	purpose of cl t the appoint	nanging its ment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if englishle (NOTE:	Panistared	Agent signature required	Lubon reinstation)	DATE		<u> </u>
12.		AND DIRECTORS	13.	Agent signature required	ADDITIONS/CHANGES TO OFF		DIRECTO	DC IN 12
TITLE	P	☐ DELETE	1.1 TIT	ne l	ADDITIONS/CHANGES TO OFF		☐ Change	Addition
NAME	MCKENZIE, KENNETH	<del></del>	1.2 NA			'		
STREET ADDRESS				REET ADDRESS				
	AMERICUS GA 31709							
CITY-ST-ZIP TITLE	S		1.4 CIT	TY-ST-ZIP	•			
NAME	F	□ nci ctc	0.4 777					. Addition
	MCKENZIE, DELORES	☐ DELETE	2.1 TIT	TLE	•		Change	Addition
STREET ADDRESS		☐ DELETE	2.2 NA	TLE WME	·		☐ Change	. Addition
	1089 US 19 SOUTH	☐ DELETE	2.2 NA 2.3 ST	TLE NME REET ADDRESS	•		Change	. Addition
CITY-ST-ZIP			2.2 NA 2.3 ST 2.4 CF	TLE ME REET ADDRESS TTY-ST-ZIP				
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90035 031 \*\*\*150.00