

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

2-21-95 R-17425 N.C.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

'95 FEB 21 AM 9:34

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # J37101 (9)

1. Corporation Name
PROVIDENT ADVERTISING & MARKETING, INC.

Principal Place of Business Mailing Address

**1700 MCMULLEN BOOTH RD
B5
CLEARWATER FL 34619
US**

**1700 MCMULLEN BOOTH RD
STE B5
CLEARWATER FL 34619
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

10/07/1986 **04/22/1994**

4. FEI Number Applied For

59-2767051 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KIEFER, NEIL G.
2471 MCMULLEN BOOTH RD
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DROSTE, EDWARD C.
STREET ADDRESS	1700 MCMULLEN BTH RD B-5
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	BAILEY, ELLEN
STREET ADDRESS	1700 MCMULLEN BTH RD B-5
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	HOWIE, BRENTON
STREET ADDRESS	1700 MCMULLEN BTH RD B-5
CITY - ST - ZIP	CLEARWATER FL
TITLE	EVP
NAME	PASSWATERS, ROBERT
STREET ADDRESS	1700 MCCULLEN BTH RD B-5
CITY - ST - ZIP	CLEARWATER FL
TITLE	AVP
NAME	DOBSON, SUE
STREET ADDRESS	1700 MCCULLEN BTH RD B-5
CITY - ST - ZIP	CLEARWATER FL
TITLE	VST
NAME	COLLARD, DENISE
STREET ADDRESS	1700 MCMULLEN BTH RD B-5
CITY - ST - ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: *W.F. Williams* VP 2/16/95 813-726-5677

WILSON F. WILLIAMS Date Telephone Number