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Mar 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J37101 (9)  
1. Corporation Name  
PROVIDENT ADVERTISING & MARKETING, INC.



Principal Place of Business  
1700 MCMULLEN BOOTH RD  
B5  
CLEARWATER FL 34619  
US

Mailing Address  
1700 MCMULLEN BOOTH RD  
STE B5  
CLEARWATER FL 34619  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2767051		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	DROSTE, EDWARD C.	1.2 NAME	Williams, Wilson F.
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	1.3 STREET ADDRESS	1700 McMullen Bth Rd. B-5
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, FL
TITLE	D	2.1 TITLE	
NAME	BAILEY, ELLEN	2.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HOWIE, BRENTON	3.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	
NAME	PASSWATERS, ROBERT	4.2 NAME	
STREET ADDRESS	1700 MCCULLEN BTH RD B-5	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	AVP	5.1 TITLE	
NAME	DOBSON, SUE	5.2 NAME	
STREET ADDRESS	1700 MCCULLEN BTH RD B-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	VST	6.1 TITLE	
NAME	COLLARD, DENISE	6.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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: *Wilson F. Williams* WILSON F. WILLIAMS VP 813-726-5677

CR2E034 (1097)