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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J83211

1. Corporation Name

REDI MARKETING, INC.

Principal Place of Business		Mailing Address	Mailing Address		I (BBI#18 B:èt 18188)1112 11881 11881 11891	1 8(8)(B:e:: e:e:: a:	(8)(8)8)(188)
23026 PANAMA	23026 PANAMA CITY BEACH	NAMA CITY BEACH PKWY					
23026 WEST HIGHWAY 98 PANAMA CITY BEACH FL 32			413		DO NOT WRITE IN TH	IC CDACE	
PANAMA CITY BEACH FL 32413 US					3. Date incorporated or Qualifed	13 3PACE	
US							ļ
2 Daineiral Di	leas of Dusiness	2a. Mailing Address			07/17/1987 4. FEI Number		plied For
2. Principal Place of Business		 		59-2846024	<u> </u>	Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
22		27		5. Certifcate of Status Desired	Fee Red		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Added to	, ,	
Zip Country		Zip Country		8. This corporation owes the current year I	Intangible		
24	25	29	5		Personal Property Tax.		ØNo
1	9. Name and Address of Current				10. Name and Address of New Registere	d Agent	
			81	Name			
stephens, J. Ronald			82	Street A	ddress (P.O. Box Number is Not Acceptable)	 _	-
23026 PANAMA CITY BEACH PKWY			10-	000(7)			
PANAMA CITY BEACH 32413			83				
			84	City		. 85 Zip C	ode.
			64	City	F		
office or re agent. I an SIGNATURE	egistered agent, or both, in the State on the mailiar with, and accept the obligations.	of Florida. Such change was auth ions of, Section 607.0505, Florida	orized by a Statutes	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating) DATE DATE	ointment as reg	gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS			13.	rit aignature ret	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	SD	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	STEPHENS, EUNICE E.		1.2 NAME				
STREET ADDRESS	ACCOUNT TO A STATE OF THE STATE		1.3 STREET ADDRESS				
	PANAMA CITY BCH. FL	****	1,4 CITY-S				
CITY-ST-ZIP TITLE			2.1 TITLE		, <u> </u>	Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS	ARAGA DALLAMA OFFI DELON DIGARI		2.3 STREET ADDRESS				1
CITY-ST-ZIP	PANAMA CITY BCH. FL		2.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		}
TITLE	DELETE		3.1 TITLE	-		☐ Change	☐ Addition
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-1				
TITLE	☐ DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE	DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP			
TITLE	· · · · · ·	☐ DELETE	6.1 TITLE			Change	☐ Addition
	,		CONAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS