

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 007 ***150.00

DOCUMENT # J84647

1. Corporation Name
U.S. MARKETING CORPORATION

Principal Place of Business
240 SAND KEY ESTATES DRIVE
STE #86
CLEARWATER FL 33767
US

Mailing Address
P.O. BOX 350
LARGO FL 33779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1987

4. FEI Number
59-2849221

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 12693 Tamiami Tr. E
Suite, Apt. #, etc.

23 City & State

27 # 214

24 Zip Country

28 Naples FL
29 34113 30 Country

9. Name and Address of Current Registered Agent

PETERSON, BILL J
240 SAND KEY ESTATES
STE #86
CLEARWATER FL 33767

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME WHALEN, WILLIAM A.
STREET ADDRESS 1559 SEA GULL DR
CITY-ST-ZIP TITUSVILLE FL

TITLE P
NAME PETERSON, BILL J.
STREET ADDRESS 240 SAND KEY ESTATES #86
CITY-ST-ZIP CLEARWATER FL 33767

TITLE STD
NAME MOSES, JUDY K.
STREET ADDRESS 1848 EMORY DR.
CITY-ST-ZIP CLEARWATER FL 34625

TITLE S
NAME MOSES, JUDY K
STREET ADDRESS 1848 EMORY DR
CITY-ST-ZIP CLEARWATER FL 34625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 4576 Southern Breeze Dr.

1.4 CITY-ST-ZIP Naples, FL 34114

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *William A. Whalen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99
Date

(727) 593-0590
(941) 775-9849
Daytime Phone #

CR2E034 (11/98)

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