Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90143 031 \*\*\*150.00

## 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 # 1. Corporation Name J90475

LONG ADVERTISING AND MARKETING, INC.

O VINING CT ORMOND BEACH FL 32176-6830  DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 09/02/1987  Applied For 09/02/1987  Applied For 1987  Suite, Apt. #, etc. 20											(6)
SAUROND BEACH FL 32176-6830  ORNOND BEACH FL 32176-6830  US  3. Date Incorporated or Qualified 19/00/21897  19/00/21897  2. Principal Place of Business 2. A. Mailing Address 4. FEI Number 3. Applied For Sys-2834545  2. Principal Place of Business 2. A. Mailing Address 5. Sys-2834545  2. Principal Place of Business 2. A. Mailing Address 5. Sys-2834545  2. Date Incorporation of Status Desired 3. Sys-2834545  3. Date Incorporation of Status Desired 3. Sys-2834545  3. Certificate of Status Desired 4. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Certificate of Status Desired 4. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Certificate of Status Desired 4. Syst-283454  3. Certificate of Status Desired 4. Syst-283454  3. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Syst-2834545  3. Certificate of Status Desired 4. Syst-283454  3. Syst-2834545  3. Syst-2	Principal Place	e of Business	Mailing Address					ī.		e make and a	
3. Date Incorporated or Qualifed OB/OZ/1987  2. Principal Place of Business  2. Applied For Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  3. Certificate of Status Desired   \$8.75 Auditional Fee Required   \$1.75 Auditional F		H FL 32176-6630	ORMOND BEACH FL 32176-6630					DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business	US US							3. Date Incorporated or Qualifed			
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   Not Applicable   Suite, Apt. #, etc.   Street Address for Campaign Financing   \$8.75 Additional Fee Required   Added to Fees   Added to Fees   Added to Fees   Suite, Apt. #, etc.								,			
Suite, Apt. #, etc. Suite,	9 Principal D	lace of Rusiness	2a Mailing	Address						Apr	plied For
Suite, Apt. #, etc. 27 City & State 27 Country 27 Country 27 Country 30 Country 30 Country 30 Country 30 Country 31 City Country 32 City Count	21	acc of Education	— ·					50-2834545		No	t Applicable
City & State    City & State		#, etc.	Suite, A	pt. #, etc.				1	ired 🗆	•	
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current year Intangible   Programment of Programment   Programme	ZZ    City & State	A	1-:1	tate				6 Election Campaign Fina	ncing	\$5:00	Mav Be
Zip   Country   Zip   Country   Zip   Country   8. This corporation owes the current year intangible   Personal Property Tax.   Size   No.	23	~	— ·								
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  LONG, DAVID B. 3 BURR OAK COURT ORMOND BEACH FL 32174  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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. INTER  14. CITY-ST-ZIP  DELETE  13. STREET ADDRESS  13. STREET ADDRESS  14. CITY-ST-ZIP  ORMOND BCH. FL  15. Change Addition  Addition  15. STREET ADDRESS  16. STREET ADDRESS  17. ST-ZIP  ORMOND BCH. FL  18. OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  14. CITY-ST-ZIP  ORMOND BCH. FL  15. Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Addition  17. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/		Country			Country	v		This corporation owes to	ne current vear	Intangible	
9. Name and Address of Current Registered Agent  LONG, DAVID B. 3 BURR OAK COURT ORMOND BEACH FL 32174  83  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 heroby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, 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 heroby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  2. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  VT	24	_ ′		30				1 ***	,,,,		□No
LONG, DAVID B. 3 BURR OAK COURT ORMOND BEACH FL 32174  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 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, and floridations of, Section 607,0505, Florida Statutes.  SIGNATURE Signature, typed or protect name of registered agent and time it applicable.  PVT ORFICERS AND DIRECTORS  12. NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Change Change  Change Addition  Change Change  Change Change  Change Change  Change Change  Change Change  Change Change  Change  Change Change  Change Change  Change	24				<u>,                                     </u>		_	10. Name and Address of	New Register	d Agent	
3 BURR OAK COURT ORMOND BEACH FL 32174  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, 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PVT  LONG, DAVID B.  12. NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LONG, DAVID B.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Addition  Change Addition  ACITY-ST-ZIP  TITLE  NAME  ACITY-ST-ZIP  TITLE  NAME  ACITY-ST-ZIP  Change Addition  Change Additio		J. (144) 10 4 (144) 144 (144) 144	<u></u>	·	81	1	Name			_	
3 BURR OAK COURT ORMOND BEACH FL 32174  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, 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PVT  LONG, DAVID B.  12. NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LONG, DAVID B.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition  Addition  Change Addition  ACITY-ST-ZIP  TITLE  NAME  ACITY-ST-ZIP  TITLE  NAME  ACITY-ST-ZIP  Change Addition  Change Additio	LON	G. DAVID B.			L	$\perp$	<del></del>	/D O D N N - t :- N /	table)		
ORMOND BEACH FL 32174    83					82	82 Street Address (P.O. Box Number is Not Acceptable)					
### City #### City ### City ##						+					
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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and the if applicable.	01111	ione belon re dem :									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PVT  LONG, DAVID B.  STREET ADDRESS  ORMOND BCH. FL  ORMOND BCH. FL  LONG, JUDY A.  STREET ADDRESS  ORMOND BCH FL						`	•				
Signature, typed or printed name of registered agent and the H applicable. (NOTE: Registered Agent signature required when reinstating).  12. OFFICERS AND DIRECTORS	Office OF 1	prictored agent or both in the State	of Florida, Such a	change was auth	nonzed by	/ the	amed corpo e corporation	ration submits this statement is board of directors. I hereby	for the purpose accept the ap	of changing its pointment as reg	registered gistered
12. OFFICERS AND DIRECTORS  ITILE PVT	SIGNATURE	Signature, typed or printed game of registered age	ent and the if applicable.	(NOTE: Re	egistered Age	ent si	prature required	when reinstating)	DATE		
TITLE PVT DELETE 1.1 TITLE	12						<u>*</u>		TO OFFICERS	AND DIRECTO	RS IN 12
NAME LONG, DAVID B. 3 BURR OAK COURT ORMOND BCH. FL  DELETE LONG, JUDY A. 21 TITLE STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL  DELETE 21 TITLE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL  DELETE 31 TITLE NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME 42 NAME 34 CITY-ST-ZIP TITLE NAME 34 CITY-ST-ZIP TITLE NAME 45 CITY-ST-ZIP TITLE NAME Addition Change Addition Add	TITLE		<u></u>	DELETE	1.1 TITLE					☐ Change	Addition
STREET ADDRESS ORMOND BCH. FL  TITLE S LONG, JUDY A. STREET ADDRESS STREET ADDRESS ORMOND BCH FL  LONG, JUDY A. STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL  DELETE  2.4 CITY-ST-ZIP  2.4 CITY-ST-ZIP  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELETE  4.1 TITLE  NAME  NAME  NAME  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition					1.2 NAME						
ORMOND BCH. FL  IACITY-ST-ZIP  ORMOND BCH. FL  IACITY-ST-ZIP  Change   Addition    Addition    Change   Addition					1.3 STREE	ET AD	DORESS			-	
TITLE S DELETE 2.1 TITLE 2.1 TITLE Addition Change Addition Companies Court 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CORMOND BCH FL 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE Addition Court Co											
LONG, JUDY A.   22 NAME   23 STREET ADDRESS   CITY-ST-ZIP   ORMOND BCH FL   DELETE   31 TITLE   Change   Addition   Addition   CITY-ST-ZIP   TITLE   DELETE   3.4 CITY-ST-ZIP   DELETE   Addition   CITY-ST-ZIP   DELETE   Addition   Change   Addition   Addition   Addition   Change				☐ DELETE						☐ Change	☐ Addition
23 STREET ADDRESS   24 CITY-ST-ZIP   Change   Addition   Addi		_ ~			22 NAME						
CITY-ST-ZIP							DORESS				
DELETE				س. <del>مو</del> ر					·		-
NAME		OTHNIONO BOIL LE		DELETE	_	J. 2	=			☐ Change	Addition
3.3 STREET ADDRESS		·			1						
34. CITY-ST-ZIP							OORESS				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME							1				
NAME 4.2 NAME				DELETE		2-1پ	ar			Change	Addition
IN CASE										_	_
	NAME						nnoeee				

CITY-ST-ZIP 14. 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 suppliemedial/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 fusely employeed 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 principle of the corporation of the corporation

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

□ DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

. ☐ Change

☐ Change

Addition

☐ Addition