FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L48078 **(4)**

1. Corporation Name
CHISHOLM MARKETING COMPANY

Principal Place of Business	Mailing Address
202 QUAYSIDE CR STE - 201 MAITHAND FL 32751 US	P.O. BOX 940163 MAITLAND FL 32794-0163

3. Date Incorporated or Qualified: 02/01/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3001141 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 2474
Suite, Apt #, etc 22	Suite, Apt #, etc 27 Winter Park, FL
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 32790-2474 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHISHOLM, DANA C. 202 QUAYSIDE CIRCLE, UNIT 201 MAITLAND FL 32751	81 Name: Patricia A. Chisholm 82 Street Address (P.O. Box Number is Not Acceptable): 202 Quayside Circle, #201 83 Maitland, FL 84 City FL 85 Zip Code 32751

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 *Patricia A. Chisholm* — *April 26, 1995*
(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 NAME STREET ADDRESS CITY ST ZIP	DPS CHISHOLM, DANA C. 202 QUAYSIDE CIR.,#201 MAITLAND FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP	☒ Change ☐ Addition DPS Patricia A. Chisholm 202 Quayside Cr. #201 ~~Maitland, FL~~
TITLE NAME STREET ADDRESS CITY ST ZIP	DVT CHISHOLM, A. DAN JR. 202 QUAYSIDE CIR.,#201 MAITLAND FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CHISHOLM, PATRICIA A. 202 QUAYSIDE CIR.,#201 MAITLAND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY ST ZIP	☐ Change ☐ Addition

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 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: *Patricia A. Chisholm* — *April 26, 1995* — *407-539-0257*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0061904 CP