PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51093

1. Corporation Name

PINNACLE MARKETING, INC.

Principal	Place	of	Business

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90097 033 ***150.00



Principal Place of Business Mailing Address							
600 S BARRACKS ST., SUITE 200 PENSACOLA FL 32501-6154		600 S BARRACKS ST., SUITE	E 200				
		PENSACOLA FL 32501-6154			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					02/14/1990		
2. Principal P	lace of Business	2a. Mailing Address				ed For	
21		26			59-2995942 Not A	pplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Contifered of Status Decired S8.75 Add		
22		27			5. Certificate of Status Desired Fee Requ	ired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to F	ees	
Zip	Country	Zip	Coun	itry	8. This corporation owes the current year Intangible	1	
24	25		30		1 craorial reports rax.]No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent		
ADM	OUR, PHILIP A.			o i Name			
	E JACKSON STREET		ļ	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	SACOLA FL FL 32513			83			
rcin	OUCON LE LE REALA		ļ	03			
				84 City	FL 85 Zip Coo	de	
					poration submits this statement for the purpose of changing its re-	_:	
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	Registered /	Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE	1.1 TITI	E	☐ Change	☐ Addition	
NAME	TUZZEO, SUZANNE		1.2 NA	ME			
STREET ADDRESS			1.3 STF	REET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CfT	Y+ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TIT	LE	☐ Change	Addition	
NAME	ARMOUR, PHILIP A.		2.2 NAI	ME			
STREET ADDRESS	1910 E JACKSON ST.		2.3 STF	REET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		_	Y-ST-ZIP		T Addie	
TITLE		☐ DELETE	3.1 1111	ŀ	Change	☐ Addition	
NAME			3.2 NA				
STREET ADDRESS			3.3 STI	REET ADORESS			
CITY-ST-ZIP		——————————————————————————————————————		Y-ST-ZIP	Chagge	☐ Addition	
TITLE		☐ DELETE	4.1 1111		☐ Change		
NAME)		4.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		(Delete	_	Y-ST-ZIP	[] Change	☐ Addition	
TITLE		☐ DELETE	5.1 TTT 5.2 NA		C Change		
NAME				NE REET ADORESS			
STREET ADDRESS	·\		1	Y-ST-ZIP			
CITY-ST-ZIP	 		6.1 TIT		Change	☐ Addition	
TITLE			6.2 NA		Change		
NAME				REET ADDRESS			
STREET ADDRESS	; 			.			
CITY-ST-ZIP	1		■ 6.4 CIT	Y-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:

Ypil 16 1999