FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Linea / July

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Sceretary of State DIVISION OF CORPORATIONS 1**9**98 98 JUN 10 AM 9: 38 DOCUMENT # (2) L68717 SECRETARY OF STATE TALLAHASSEE, FLORIDA STRATEGIC MARKETING CONCEPTS, INC. Principal Place of Business Mailing Address 821 LAKEVIEW RD 621 LAKEVIEW RD SUITE D SUITE D DO NOT WRITE IN THIS SPACE CLEARWATER FL 34616 **CLEARWATER FL 34616** 3. Date Incorporated or Qualified 04/27/1990 2a. Maning Address 2. Principal Place of Business 4. FEI Number Applied For 59-3008240 Not Applicable 21 26 Suite Apl # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Žip. Country Country 8. This corporation owes or has paid the current year Intangible Yes 29 Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZSCHAU, JULIUS J. 28050 US HWY 19 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 501 83 CLEARWATER FL 34621 84 City 85 Zip Code 11. Pursuant to the provisions of Scutions 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typical or protect noise of registers diagont and their applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 Uh E Change Addition NAME STEHNEY, KENETH J. 1.2 NAME -621 LAKEVIEW RD. #D STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 21 TITLE 400002557724---4 HARE, DAVID W. NAME 22 NAME -06/12/38--01003--012 **RURAL ROUTE 1, BOX 71** STREET ADDRESS 2.3 STREET ADDRESS ****150.00 ****150.00 DANVILLE VT CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE DVP Change Addition TITLE 3.1 TITLE WHITE, STEWART T. NAME 3.2 NAME 951 CORTLAND WAY STREET ADDRESS 3 3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 3.4. CITY - ST - ZiP DELETE Change Addition TITLE 41 TITLE WHITE, WARREN R. NAME 4.2 NAME PORO1714 Aleman (63771) NIA STREET ADDRESS 4.3 STREET ADDRESS LLANIVATER FL CITY-ST-7H 4.4 CITY - ST - ZIP Change Addition TITLE 5.13016 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 City - ST - ZIP DELETE Change Addition TITLE 61 HILE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY- \$1-7IP CITY-ST-7IP 14. Thereby 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 armual 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

4/1491 873-461-3317