

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90130 032 \*\*\*150.00

DOCUMENT # L68717

1. Corporation Name

STRATEGIC MARKETING CONCEPTS, INC.



Principal Place of Business

621 LAKEVIEW RD  
SUITE D  
CLEARWATER FL 34616  
US

Mailing Address

621 LAKEVIEW RD  
SUITE D  
CLEARWATER FL 34616  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1990

4. FEI Number

59-3008240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 1132 Dover Ct.

2a. Mailing Address

26 P.O. Box 926

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Safety Harbor

City & State

28 Safety Harbor

Zip

Country

24 34695

25 Pinellas

Zip

Country

29 34695

30 Pinellas

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J.  
28050 US HWY 19 NORTH  
SUITE 501  
CLEARWATER FL 34621

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 ☐ DELETE  
NAME DP  
STREET ADDRESS STEHNEY, KENETH J.  
CITY-ST-ZIP 621 LAKEVIEW RD, #D  
CLEARWATER FL

TITLE ☐ DELETE  
NAME DVP  
STREET ADDRESS HARE, DAVID W.  
CITY-ST-ZIP RURAL ROUTE 1, BOX 71  
DANVILLE VT

TITLE ☒ DELETE  
NAME DVP  
STREET ADDRESS WHITE, STEWART T.  
CITY-ST-ZIP 951 CORTLAND WAY  
PALM HARBOR FL

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS WHITE, WARREN R  
CITY-ST-ZIP PO BOX 719, N/A  
CLEARWATER FL 33787

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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

1.4 CITY-ST-ZIP

1132 Dover Ct.  
Safety Harbor FL 34695

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Katherine Harris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

Date

726 8548  
727 443

Daytime Phone #

CR2E034 (11/98)