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

FILED
95 JAN 23 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M77658 (6)

1. Corporation Name
TECHNOLOGY MARKETING, INC.

Principal Place of Business	Mailing Address
13153 NORTH DALE MABRY SUITE 107 TAMPA FL 33618 US	13153 NORTH DALE MABRY SUITE 107 TAMPA FL 33618 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1988
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2886591 ☐ 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

9. Name and Address of Current Registered Agent

HAMILTON, HUGH F.
~~10507 WILLOWBRAE DRIVE~~
~~TAMPA FL 33624~~
1909 Curry Rd
Lutz, FL, 33549

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	HAMILTON, HUGH F.	12 NAME	
STREET ADDRESS	10507 WILLOWBRAE DR.	13 STREET ADDRESS	1909 CURRY Rd
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	LUTZ, FL. 33549
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	HAMILTON, ANN S.	22 NAME	
STREET ADDRESS	10507 WILLOWBRAE DR.	23 STREET ADDRESS	1909 CURRY Rd.
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	LUTZ, FL, 33549
TITLE	ST	31 TITLE	☒ Change ☐ Addition
NAME	HAMILTON, ANN S.	32 NAME	
STREET ADDRESS	10507 WILLOWBRAE DR.	33 STREET ADDRESS	1909 CURRY Rd,
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	LUTZ, FL. 33549
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Hugh F. Hamilton 1/16/95 813-265-8060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Hugh F. Hamilton

0200772 CP