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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

**FILED** 

Apr 10 1998 8:00am

Secretary of State

Addition

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

TITLE

NAME

M81040

(1)

INDEPENDENT AGENCY MARKETING SERVICES, INC.

Principal Place of Business		Mailing Address			3811 61811 6161	), e181) e161( e161	16 81811 1881	
3118 GULF TO BAY BLVD. CLEARWATER FL 34619 US		3118 GULF TO BAY BLVD. CLEARWATER FL 34619		DO NOT WRIT	TE IN THIS	SPACE		
					<ol> <li>Date Incorporated or Qualified 05/16/1988</li> </ol>	I		
Principal Place of Business     Section 21		2a. Mailing Address 26		4. FEI Number 59-2899864			oplied For ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees	
Zip 24 337	3759 25 29 33759 30		Count	′y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes  No			
	9. Name and Address of Currer	nt Registered Agent		<del></del>	10. Name and Address of New F	tegistered	Agent	
VANCE, HERSCHEL E., JR.				Name				
1451 QUAIL DRIVE PALM HARBOR FL 34683			8	Street Address (P.O. Box Number is Not Acceptable)				
			8	3				
			8	4 City		FL	<b>85</b> Zip (	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig signature, typed or printed name of registered age	of Florida. Such change was a ations of, Section 607.0505, Flo	authorized to orida Statut	by the corporates.	rporation submits this statement for the ation's board of directors. I hereby accurred when reinstating:	ept the app	if changing it pointment as	ts registered registered
12.			13.		ADDITIONS/CHANGES TO OFF		D DIRECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	1	TIBOTHORIS INTEREST OF THE	,oenoraa	Change	Addition
NAME	VANCE, HERSCHEL E., JR.							
STREET ADDRESS	1451 QUAIL DR.		1.3 STRE	1 ADDRESS				
CITY-ST-ZIP			1.4 CITY	ST-ZIP				
TITLE		DELETE 2.1 T					Change	Addition
NAME			2.2 NAME					
STREET ADDRESS				T ADDRESS				,
CITY-ST-ZIP		DELETE	2 4 City 31 Title	ST-ZIP			Change	Addition
NAME	<del>_</del> ···		3 1 111LE				☐ Change	FT Montion
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE			4.1 TITLE	V. III			Change	Addition
NAME		<del></del>	4. 2 NAM	: 1				
STREET ADDRESS			4.3 STREE	T ADDRESS				ľ
CITY-ST-ZIP			4.4 CITY	ST-ZIP				
TITLE	DELETE 5.11		5.1 TITLE				Change	Addition
NAME			5.2 NAME					

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

62 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. 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 pranting, grown attachment with an address.

SIGNATURE:

DELETE