**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

APPROVED AND FILED

95 APR 26 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M90735** **(5)**

1. Corporation Name

**TITAN MARKETING GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % GALEN O. BALLARD<br>28471 U.S. 19 NORTH, SUITE 512<br>CLEARWATER FL 34621 | % GALEN O. BALLARD<br>28471 U.S. 19 NORTH, SUITE 512<br>CLEARWATER FL 34621 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/18/1988
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1562 N. Meadowcrest Blvd. | 26 1562 N. Meadowcrest Blvd. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 Crystal River, FL | 28 Crystal River, FL |
| 24 Zip: 34429 / 25 Country | 29 Zip: 34429 / 30 Country |

4. FEI Number: 59-2909047 ☐ 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

**BALLARD, GALEN O.**
**28471 U.S. 19 NORTH, SUITE 512**
**CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1562 N. Meadowcrest Blvd.

84 City: Crystal River **FL** 85 Zip Code: 34429

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: Galen O. Ballard Galen O. Ballard, Sr. V.P. 4-22-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DVT | 1.1 TITLE | DVT | ☒ Change ☐ Addition |
| NAME | BALLARD, GALEN O. | 1.2 NAME | BALLARD, GALEN O. | |
| STREET ADDRESS | 906 HAMMOCK PINE BLVD. | 1.3 STREET ADDRESS | 4039 S. BLUE RIVER COVE | |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | HOMOSASSA SPRINGS, FL 34448 | |
| TITLE | DS | 2.1 TITLE | D/S | ☒ Change ☐ Addition |
| NAME | BROOKS, MARY A. | 2.2 NAME | BROOKS, MARYANN | |
| STREET ADDRESS | 2671 BARKSDALE CT | 2.3 STREET ADDRESS | 4039 S, BLUE RIVER COVE | |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | HOMOSASSA SPRINGS, FL 34448 | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MELLON, R. BRADFORD | 3.2 NAME | | |
| STREET ADDRESS | #20 SURREY RIDGE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CASTLE ROCK CO | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CANARY, RICHARD L | 4.2 NAME | | |
| STREET ADDRESS | 1795 MCCAULEY RD | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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)(k), 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:** Galen O. Ballard 4-22-95 (904) 563-1978
SIGNATURE AND TYPED OR PRINTED NAME OF D/OR/MD OFFICER OR DIRECTOR — Date — (Daytime Phone #)

GALEN O. BALLARD

096T032 CP