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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M90735

1. Corporation Name

TITAN MARKETING GROUP, INC.



Principal Place of Business

1562 N. MEADOWCREST BLVD.
28471 U.S. 19 NORTH, SUITE 512
CRYSTAL RIVER FL 34429
US

Mailing Address

PO BOX 956
CRYSTAL RIVER FL 34423
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 350 Fifth Avenue

Suite, Apt. #, etc.

22 Suite 3304

City & State

23 New York, NY

Zip

24 10118

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BALLARD, GALEN O.
4039 SOUTH BLUE RIVER COVE
HOMOSASSA SPRINGS FL 34448

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 DVT ☐ DELETE

NAME BALLARD, GALEN O.
STREET ADDRESS 4039 S. BLUE RIVER COVE
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE DS ☐ DELETE

NAME BROOKS, MARY A.
STREET ADDRESS 4039 S. BLUE RIVER COVE
CITY-ST-ZIP HOMOSASSA SPRINGS FL

TITLE D ☐ DELETE

NAME MELLON, R. BRADFORD
STREET ADDRESS #20 SURREY RIDGE
CITY-ST-ZIP CASTLE ROCK CO

TITLE PD ☐ DELETE

NAME CANARY, RICHARD L
STREET ADDRESS 1795 MCCAULEY RD
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME HOPKINS, CLAYTON W DR
STREET ADDRESS 2288 DREW STREET, SUITE E
CITY-ST-ZIP CLEARWATER FL 34625

TITLE D ☒ DELETE

NAME KING, STEPHEN A
STREET ADDRESS 28471 U.S. HWY 19 NORTH
CITY-ST-ZIP CLEARWATER FL 34621

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME BALLARD, GALEN O.
1.3 STREET ADDRESS 4039 S. Blue River Cove
1.4 CITY-ST-ZIP Homosassa Springs, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME CANARY, RICHARD L.
4.3 STREET ADDRESS 1795 McCauley Road
4.4 CITY-ST-ZIP Clearwater, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-99

352-628-3444

CR2E034 (1/1/98)