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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M91653 (9)  
1. Corporation Name  
AD-MARKET, INC.



Principal Place of Business  
7563 PHILIPS HWY  
212  
JACKSONVILLE FL 32256  
US

Mailing Address  
7563 PHILIPS HWY  
212  
JACKSONVILLE FL 32256-6834  
US

3. Date Incorporated or Qualified 07/21/1988  
3a. Date of Last Report 07/01/1996  
4. FEI Number 59-2901148  
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

2. Principal Place of Business  
21 7400 Baymeadows Way  
Suite, Apt. #, etc.  
22 205  
City & State  
23 Jacksonville, FL  
Zip Country  
24 32256 25 US  
2a. Mailing Address  
26 7400 Baymeadows Way  
Suite, Apt. #, etc.  
27 205  
City & State  
28 Jacksonville, FL  
Zip Country  
29 32256 30 US

9. Name and Address of Current Registered Agent

CARAWAY, JOHN E.  
7563 PHILIPS HIGHWAY  
SUITE 212  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Caraway, John E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
7400 Baymeadows Way  
83 Suite 205  
84 Jacksonville FL 85 32256

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

*John E. Caraway*

John E. Caraway

1/14/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	CARAWAY, JOHN E.	
STREET ADDRESS	7563 PHILLIPS HWY, STE 212	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Caraway, John E.	
13 STREET ADDRESS	7400 Baymeadows Way, Suite 205	
14 CITY - ST - ZIP	Jacksonville, FL 32256	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *John E. Caraway* John E. Caraway 1/14/97 (904) 739-2600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)