

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90027 034 ***150.00

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DOCUMENT # M91653

1. Corporation Name
AD-MARKET, INC.



Principal Place of Business

836 RIVERSIDE AVE
SUITE 1
JACKSONVILLE FL 32204
US

Mailing Address

836 RIVERSIDE AVE
SUITE 1
JACKSONVILLE FL 32204
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1988

4. FEI Number

59-2901148

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 9775 Creekfront Rd

Suite, Apt. #, etc.

22 2202

City & State

23 Jacksonville, Florida

Zip

24 32256

Country

25 U.S.A

2a. Mailing Address

26 P.O. Box 551737

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Florida

Zip

29 32255

Country

30 U.S.A

9. Name and Address of Current Registered Agent

CARAWAY, JOHN E.
7400 BAYMEADOWS WAY
SUITE 205
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

Caraway, John E

82

9775 Creekfront Rd

83

#2202

84 City

Jacksonville

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE CPD
NAME CARAWAY, JOHN E.
STREET ADDRESS 836 RIVERSIDE AVE
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD ☒ Change ☐ Addition

1.2 NAME Caraway, John E.
1.3 STREET ADDRESS 9775 Creekfront Rd #2202
1.4 CITY-ST-ZIP Jacksonville, FL. 32256

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 ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)