

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P18746 (8)

1. Corporation Name

EXCEL MARKETING CONCEPTS, INC.



Principal Place of Business

**P.O. BOX 30093
TAMPA FL 33630-0093**

Mailing Address

**P.O. BOX 30093
TAMPA FL 33630-0093**

3. Date Incorporated or Qualified
04/08/1988

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 PO Box 21949

Suite, Apt. #, etc.

22

City & State

23 Tampa, FL

Zip

24 33622-1949

Country

25 Hillsboro

2a. Mailing Address

26 PO Box 21949

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33622-1949

Country

30 Hillsboro

4. FEI Number

75-2156406

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

**GILLETTE, JOHN M.
205 S HOOVER ST., SUITE 203
TAMPA FL 33609**

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 the filing date

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD GILLETTE, JOHN M.**
STREET ADDRESS **4505 BEACH PK DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **DST GILLETTE, DOROTHY**
STREET ADDRESS **4505 BEACH PARK DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME **D MCCURLEY, VICTORIA J.**
STREET ADDRESS **3806 W 43RD**
CITY-ST-ZIP **KENNEWICK WA**

TITLE ☐ DELETE
NAME **D MCCURLEY, WILLIAM**
STREET ADDRESS **3806 W 43RD**
CITY-ST-ZIP **KENNEWICK WA**

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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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:

John M. Gillette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Gillette 4/12/96 813/287-1644

Date

Daytime Phone #

CR2E034 (12/95)