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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P22227

2227 (3)

Mailing Address

L B K MARKETING CORP.

FILED
May 15 1998 8:00am
Secretary of State



| 7800 BAYBERRY ROAD SUITE 200 | | 7800 BAYBERRY ROAD | SUITE 200 | | | | | |
|---|---|----------------------------------|-------------------------------|---|--|-----------------|---------|--|
| JACKSONVILLE FL 32256 | | | JACKSONVILLE FL 32256 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3, Date Incorporated or Qualified 12/22/1988 | | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | 4, FEI Number | Applied Fo | or | |
| 21 | | 26 | | | 34-1052412 | Not Applic | cable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Addition | ıal | |
| 22 | | 27 | | | o, Certificate of Status Desired | Fee Required | | |
| City & State | | City & State | , | | 6, Election Campaign Financing | \$5.00 May Be | в | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | | |
| Ζίρ | Country | Zip | Country | | 8. This corporation owes or has paid the | | 1 | |
| 24 | 25 29 39 9. Name and Address of Current Registered Agent | | | Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent | | | | |
| CII | | III negistered Agent | 8 | 81 Name | | | | |
| FULLERTON, ROBERT C. 7800 BAYBERRY ROAD | | | | | | | | |
| | ITÉ 200 | | 8 | 2 Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| JACKOSNVILLE FL 32256 | | | 8 | 3 | | | | |
| UNONVOINTIELE I E OZZOO | | | Ĺ | | | | | |
| | | | 8 | 4 City | F | 85 Zip Code | | |
| 11. Pursuant t | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statul | tes, the abo | ve-named d | | | ered | |
| 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 ag | ont and lifte if applicable (NO) | ☐ Registered A | gent signature n | equired when reinstating) DATE | | | |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | | |
| TITLE | DCEO | ☐ DELETE | 1.1 TITLE | | | Change Ad | Idition | |
| NAME | BAILYS, DAVID | | 1.2 NAM | | | | | |
| STREET ADDRESS 7800 BAYBERRY RD.,STE200 | | U | 1.3 STRE | E1 ADDRESS | | | | |
| CITY-ST-ZIP | | | 1.4 CITY | | | Change Ad | 4010100 | |
| TITLE | i | | 2.1 TITLE | | | L Change L Ao | JORGON | |
| NAME | STUTZMAN, GARY L. 7800 BAYBERRY RD.,STE20 | νΛ | 2.2 NAME | | | | | |
| STREET ADDRESS | JACKSONVILLE FL | N . | | ET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | | 2. 4 CITY-ST-2IP 3.1 TITLE | | | ☐ Change ☐ Ad | dition | |
| | D DELETE AUSSENBERG, EARL | | 3.2 NAM | | | | IBA(OII | |
| NAME Street address | TALL DAUGEDRY DD | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | IACKCOARMIE EI | | 3.4. CITY | | | | | |
| TITLE | | | 4.1 TiTLE | | | Change Ad | dition | |
| NAME | MPMILL SAME ASSA P | | 4. 2 NAM | | | | | |
| STREET ADDRESS | 7800 BAYBERRY RD | | 4.3 STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY | | | | | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | | рт | Change Ad | dition | |
| NAME | FULLERTON, ROBERT C. | | 5.2 NAM | | FULLERTON, ROBERT C. | | | |
| STREET ADDRESS | ORESS 7800 BAYBERRY RD., STE200 | | 5.3 STRE | ET ADDRESS | 7800 BAYBERRY RD | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY | ST-ZIP | JACKSONVILLE, FL | | | |
| TITLE | DC00 | ☐ DELETE | 6.1 TITLE | | | Change Ad | dition | |
| NAME | BRINN, DAVID | | 6.2 NAM | . | | | | |
| STREET ADDRESS | 7800 BAYBERRY RD | | 6.3 STRE | ET ADDRESS | | • | | |
| CITY-ST-ZIP | P JACKSONVILLE FL 641 | | 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.

n/ 1.4 -- 4 -- --