

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90053 014 \*\*\*150.00

**DOCUMENT # P23599**

1. Entity Name  
**INMARK CONTAINER MARKETING, INC.**



Principal Place of Business

**220 FISK DRIVE, S.W.  
ATLANTA, GA 30336**

Mailing Address

**220 FISK DRIVE, S.W.  
ATLANTA, GA 30336**

**54029186**



2. Principal Place of Business

**675 Hartman Road**

3. Mailing Address

**P.O. Box 1330**

Suite, Apt. #, etc.

**Suite 100**

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

City & State

**Austell, GA**

City & State

**Austell, GA**

4. FEI Number

**58-1095344**

Applied For

Not Applicable

Zip

**30168**

Country

**U.S.A.**

Zip

**30168**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OYLER, DAVID S  
600 SUEMAC ROAD  
SUITE #4  
JACKSONVILLE, FL 32205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	OYLER, DAVID	
STREET ADDRESS	220 FISK DRIVE	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	SV	<input type="checkbox"/> Delete
NAME	CURLEE, JAMES	
STREET ADDRESS	220 FISK DRIVE	
CITY-ST-ZIP	ATLANTA, GA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OYLER, DAVID S	
STREET ADDRESS	220 FISK DRIVE	
CITY-ST-ZIP	ATLANTA, GA 30336	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	675 Hartman Road, Suite 100	
CITY-ST-ZIP	Austell, GA 30168	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	675 Hartman Road, Suite 100	
CITY-ST-ZIP	Austell, GA 30168	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	675 Hartman Road, Suite 100	
CITY-ST-ZIP	Austell, GA 30168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James E. Curlee V.P.* **JAMES E. CURLEE** 4/7/04 404-267-2020