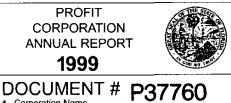
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am **Secretary of State**

03-14-1999 90019 034 ***150.00

J. HARVIE MARKETING, INC. Principal Place of Business Mailing Address 3460 FAIRLANE FARMS RD 3460 FAIRLANE FARMS RD SUITE 5 SUITE 5 DO NOT WRITE IN THIS SPACE WELLINGTON FL 33414 WELLINGTON FL 33414 3. Date Incorporated or Qualifed HS 03/05/1992 2a. Mailing Address 4. FEI Number Applied For Principal Place of Business 38-2773481 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □ No Personal Property Tax. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARVIE, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 82 3460 FAIRLANE FARMS RD SUITE 5 83 **WELLINGTON FL 33414** 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 12. Addition ☐ DELETE 1.1 TITLE Change TITLE HARVIE, JOHN C. 1.2 NAME NAME 3460 FAIRLANE FARMS RD SUITE 5 STREET ADDRESS 1.3 STREET ADDRESS WELLINGTON FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE 2.1 TITLE NAME HARVIE, JODI L. 2.2 NAME 3460 FAIRLANE FARMS RD SUITE 5 2.3 STREET ADDRESS STREET ADDRESS WELLINGTON FL CITY-ST-ZIF 2.4 CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE Klann, Joyelle E. 975 Pennwood Ln. KLANN. JOYELLE E. NAME 3.2 NAME 975 264 E. 20TH ST. 3 3 STREET ADDRESS STREET ADDRESS **IDAHO FALLS ID** Bolingbrook, IL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ OELETE TITLE 6.2 NAME NAME

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.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

561) 753-6261

CR2E034 (11/98