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**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:11

DOCUMENT # P40173

(7)

1. Corporation Name

PROMOTION MANAGEMENT GROUP, INC.

Principal Place of Business

**1327 WOODWARD AVE
MONTGOMERY AL 36106
US**

Mailing Address

**1327 WOODWARD AVE
MONTGOMERY AL 36106
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**BREED, MARK
335 SOUTH COMMERCE
SEBRING FL 33870**

81. Name

10. Name and Address of New Registered Agent

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 that of applicable)

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	MPS
NAME	LUNA, PATRICIA A
STREET ADDRESS	1327 WOODWARD AVE AVE
CITY - ST - ZIP	MONTGOMERY AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		
2.2 NAME		☐ Change ☐ Addition
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		
3.2 NAME		☐ Change ☐ Addition
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		☐ Change ☐ Addition
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		
5.2 NAME		☐ Change ☐ Addition
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		
6.2 NAME		☐ Change ☐ Addition
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 110.07(3)(a), 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 treasurer 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: *Patricia A. Luna, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA A. LUNA, PRESIDENT

2/9/95 **(330)262-9440**
Date District Number