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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

1996

6 DIVISION OF CORPORATIONS

DOCUMENT # P9300001599 (8)

1. Corporation Name

ON PURPOSE MARKETING, INC.

| Principal Place of Business |  |
|-----------------------------|--|
| SEA BEACH BOAD              |  |

SARASOTA FL 34242

Mailing Address

2445 BREAKWATER CIR SARASOTA FL 34231 US



|                                    |                             | U             | \$                  |        |  | 3. | Date Incorporated or Qualified 01/04/1993              |            | e of Last Report<br>14/21/1995    |  |
|------------------------------------|-----------------------------|---------------|---------------------|--------|--|----|--|------------|-----------------------------------|--|
| 2.                                 | Principal Place of Business | 2a. 1         | Mailing Address     |        |  | 4. | FEI Number<br><b>65-0373536</b>                        |            | Applied For Not Applicable        |  |
| <u>اد</u>                          | Suite, Apt. #, etc          |               | Suite, Apt. #, etc. |        |  | 5. | Certificate of Status Desired                          |            | \$8.75 Additional<br>Fee Required |  |
| 12                                 | City & State                |               | Oty & State         |        |  | 6. | Election Campaign Financing<br>Trust Fund Contribution |            | \$5.00 May Be<br>Added to Fees    |  |
| 4                                  | Zip Country                 | <b></b>       | Z <sub>1</sub> p 30 | Countr | · · · · · · · · · · · · · · · · · · ·                    |    | <b>y</b>   | □ No       |                                   |  |
|                                    | 9. Name and Address of Cu   | rrent Registe | ered Agent          | 81     | Name   | 10 | Name and Address of New F                              | legistered | Agent                             |  |
| WILLIAMS, HARRIS<br>564 BEACH ROAD |                             |               |                     | L      | 82 Street Address (P.O. Box Number is Not Acceptable) 83 |    |  |            |                                   |  |
| SAIMOUIN IL SYEYE                  |                             |               |                     | 8      | City   | -  |  | Fi         | 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

| 12.             | ignature, typed or proted neon of registered agricular dit<br>OFFICERS AND DI | RECTORS  | 13.                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|-----------------|---|----------|---------------------|---|
| THTLE           | D   | ☐ DELETE | 1 THLE              | Change Addition                                   |
| NAME            | WILLIAMS, HARRIS  |          | 1.2 NAME            |   |
| STREET ADDRESS  | 564 BEACH ROAD  |          | 1.3 STREET ADDRESS  |   |
| CITY - ST - ZIP | SARASOTA FL 34242   |          | 1.4 CHY+ST+ZIP      |   |
| TITLE           |   | ☐ DELETE | 2 1 TOLE            | Change Addition                                   |
| NAME            |   |          | 2.2 NAME            |   |
| STREET ADDRESS  |   |          | 2.3 STREET ADDRESS  |   |
| CITY-ST-ZIP     |   |          | 2.4 CITY - ST - ZIP |   |
| THILE           |   | DER ETE  | 3 1 TITLE           | Change Addition                                   |
| NAME            |   |          | 3.2 NAME            |   |
| STREET ADDRESS  |   |          | 3.3 STREET ADDRESS  |   |
| CITY-SI-ZIP     |   |          | 3.4.C(1.YST-Z(P     |   |
| TITLE           |   | ☐ DELETE | 4 1 TiTLE           | ☐ Change ☐ Addition                               |
| NAME            |   |          | 4.2 NAME            |   |
| STREET ADDRESS  |   |          | 4.3 STHEFT AUDRESS  |   |
| CITY - ST - ZiP |   |          | 4.4 CITY - SE-ZIP   |   |
| TITLE           |   | DELETE   | 5 1 TITLE           | Change Addition                                   |
| NAME            |   |          | 5.2 NAME            |   |
| STREET ADDRESS  |   |          | 5.3 STREET ADDRESS  |   |
| CITY-SI-ZIP     |   |          | 5.4 City St-7IP     |   |
| TITLE           |   | ☐ DELETÉ | 6 1 111.E           | Change Addition                                   |
| NAME            |   |          | 6 2 NAME            |   |
| STREET ADDRESS  |   |          | 6.3 STREET ADDRESS  |   |
| CITY - ST - ZIP |   |          | 6.4 CiTY - ST - Z'P | 440 07/0/53 Floride Chat doe I forther            |

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 cath; 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

OCK 13 if changed, or on an analyminate when an address B. Williams

4/11/96 941-346/742

3R2E034 (12/95)