FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035805 (9)**

1. Corporation Name
FTN MARKETING, INC.

Principal Place of Business	Mailing Address
151 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 32706	151 TREASURE ISLAND CAUSEWAY TREASURE ISLAND FL 32706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1993**
3a. Date of Last Report: **10/13/1994**

2. Principal Place of Business	2a. Mailing Address
21 2340 STATE RD 580	26
22 Suite, Apt. #, etc: SUITE B	27 Suite, Apt. #, etc.
23 City & State: CLEARWATER FL	28 City & State
24 Zip: 34623 25 Country: PINELLAS	29 Zip 30 Country

4. FEI Number: **59-3188161** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOGEL, VANCE L 215-6 85TH AVE TREASURE ISLAND FL 33706	81 Name 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when new agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	HERRON, JAMES M	12 NAME		
STREET ADDRESS	10762 CHRISTOPHER COURT	13 STREET ADDRESS		
CITY ST ZIP	LARGO FL	14 CITY ST ZIP		
TITLE	VSTD	21 TITLE	DIRECTOR SECRETARY	☒ Change ☐ Addition
NAME	VOGEL, VANCE L	22 NAME		
STREET ADDRESS	215-6 85TH AVE	23 STREET ADDRESS		
CITY ST ZIP	TREASURE ISLAND FL	24 CITY ST ZIP		
TITLE	S	31 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	JAMES M HERRON JR	32 NAME		
STREET ADDRESS	10762 CHRISTOPHER COURT	33 STREET ADDRESS		
CITY ST ZIP	LARGO FL 34644	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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 added/attachment with an address.

SIGNATURE: James M Herron JAMES HERRON JR PRES 4/28/95 724-3444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0007434 CP