

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

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 -9 AM 10:07

DOCUMENT # P93000048561 (3)

1. Corporation Name

D & A MARKETING, INC.

Principal Place of Business

Mailing Address

CANDLEMAN OF CLEARWATER
20005 US HWY 19 N. #186
CLEARWATER FL 34685
US

3911 MUIRFIELD CT
PALM HARBOR FL 34685
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

02/14/1994

4. FEI Number

59-3095374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 3811 MUIRFIELD COURT

26 3811 MUIRFIELD COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PALM HARBOR FL

28 PALM HARBOR FL

Zip

Country

Zip

Country

24 34685

25 US

29 34685

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

81 Name

DAVID SALEM

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

3811 MUIRFIELD COURT

83

84 City

PALM HARBOR

FL

85 Zip Code

34685

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

David Salem

DAVID SALEM

FEB 6 1995

(Signature of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SALEM, DAVID
STREET ADDRESS 5497 SALEM SQUARE DRIVE SOUTH
CITY-ST-ZIP PALM HARBOR FL 34685

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
3811 MUIRFIELD COURT
PALM HARBOR FL 34685

TITLE D
NAME SALEM, ANN
STREET ADDRESS 5497 SALEM SQUARE DRIVE SOUTH
CITY-ST-ZIP PALM HARBOR FL 34685

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition
3811 MUIRFIELD COURT
PALM HARBOR FL 34685

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

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)(k), Florida Statutes. I further certify that the information indicated in 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 in an attachment with an address.

SIGNATURE:

David Salem

DAVID SALEM

FEB 6 1995

813 787 7891

PRINTED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #