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 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051849 (6)**

1. Corporation Name
GARTHWAITE MARKETING, INC.

Principal Place of Business	Mailing Address
119 S. 12TH ST LEESBURG FL 34748	P.O. BOX 491242 LEESBURG FL 34749

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/22/1993**
3a. Date of Last Report: **06/22/1994**
4. FEI Number: **59-3189422** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

GARTHWAITE, JACQUELYN M
119 S. 12TH ST.
LEESBURG FL 34748

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARTHWAITE, SAMUEL D
STREET ADDRESS	119 S. 12TH ST.
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	D
NAME	GARTHWAITE, JACQUELYN M
STREET ADDRESS	119 S. 12TH ST.
CITY-ST-ZIP	LEESBURG FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition / 62 NAME / 63 STREET ADDRESS / 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 the 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.

SIGNATURE: Jacquelyn M. Garthwaite, PRESIDENT 5/9/95 9043659878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377020 CP