FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000081276 (6)

1. Corporation Name
PVF MARKETING, INC.

Principal Place of Business
12818 E. JULINGTON FOREST DRIVE EAST
JACKSONVILLE FL 32258

Mailing Address
P.O. BOX 57577
JACKSONVILLE FL 32241

3. Date Incorporated or Qualified: 11/29/1993
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-3209561 — Applied For / Not Applicable

2. Principal Place of Business
21 3780 KORI RD.
22 Suite, Apt. #, etc. SUITE #13
23 City & State JACKSONVILLE, FL
24 Zip 32217 25 Country USA

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

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**
LLOYD, THOMAS M SR.
12818 JULINGTON FOREST DR E
JACKSONVILLE FL 32258

10. **Name and Address of New Registered Agent**
81 Name THOMAS M. LLOYD, SR.
82 Street Address (P.O. Box Number is Not Acceptable) 12474 TOUCAN DR.
83
84 City JACKSONVILLE FL 85 Zip Code 32223

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 Thomas M. Lloyd, Sr. — Date 4/25/96

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	LLOYD, THOMAS M	
STREET ADDRESS	12818 JULINGTON FOREST DR E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	LLOYD, RAQUEL C.	
STREET ADDRESS	12818 EAST JULINGTON FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	12474 TOUCAN DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	12474 TOUCAN DR.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
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 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 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: Thomas M. Lloyd, Sr. — 4/25/96 — 904-886-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS M. LLOYD, SR.

CR2E034 (12/95)