

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000026982

1. Corporation Name

SALES & MARKETING RESOURCES, INC.

600001814776

-05/09/96--01059--009

****200.00 ****200.00

Principal Place of Business

Mailing Address

10001 MAGNOLIA POINTE
FORT MYERS, FL 33908

8750-11 GLADIOLUS DR #52
FORT MYERS, FL 33908

3. Date Incorporated or Organized

APRIL 8, 1994

3a. Date of Last Report

6/9/95

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc.

26 Suite Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25 LEE

29

30 LEE

9. Name and Address of Current Registered Agent

4. FEE Number

65-0482698

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

10. Name and Address of New Registered Agent

DOROTHY G. BEVINGTON
13235 WHITE HAVEN LANE, #1007
FORT MYERS, FL 33912

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 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Dorothy G. Bevington

5/1/96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME DOROTHY G BEVINGTON
STREET ADDRESS 13235 WHITE HAVEN LN #1007
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VP/SEC/TREAS
NAME DOROTHY G BEVINGTON
STREET ADDRESS SAME AS ABOVE
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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)(g), 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:

Dorothy G. Bevington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

941-437-1694

CR2E034 (12/95)