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 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036375 (1)**

1. Corporation Name
ANMARK, INC.

Principal Place of Business	Mailing Address
4359 QUEENSWAY DRIVE JACKSONVILLE FL 32257	4359 QUEENSWAY DRIVE JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report:

2. Principal Place of Business (21): 6326 103rd St
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): Jacksonville Fl
City & State (28):
Zip (24): 32210 County (25): Duval
Zip (29): County (30):

4. FEI Number: 59-3270005 ☐ 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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: MARK R. LEWIS
82 Street Address (P.O. Box Number is Not Acceptable): 4359 QUEENSWAY DRIVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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: Mark R Lewis — DATE: 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	DIRECTOR/VICE PRESIDENT ☒ Change ☐ Addition
NAME	LEWIS, ANN K	NAME	
STREET ADDRESS	5316-18 PEARL ST.	STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32208	CITY ST ZIP	
TITLE	DV	TITLE	DIRECTOR / President/Treas. ☒ Change ☐ Addition
NAME	LEWIS, MARK R	NAME	
STREET ADDRESS	5316-18 PEARL ST.	STREET ADDRESS	4359 Queensway Dr
CITY ST ZIP	JACKSONVILLE FL 32208	CITY ST ZIP	Jacksonville, Fl. 32257
TITLE	~~DST~~	TITLE	☒ Change ☐ Addition
NAME	~~LEWIS, SAM~~	NAME	DELETE
STREET ADDRESS	~~5316-18 PEARL ST.~~	STREET ADDRESS	
CITY ST ZIP	~~JACKSONVILLE FL 32208~~	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE	JANET LEWIS	TITLE	Secty ☐ Change ☒ Addition
NAME	5316-18 PEARL ST.	NAME	
STREET ADDRESS	JACKSONVILLE, FL 32208	STREET ADDRESS	4359 Queensway Dr
CITY ST ZIP		CITY ST ZIP	Jacksonville, Fl 32257
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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 with an address, with an attachment with an address.

SIGNATURE: Mark R Lewis — MARK R LEWIS — 4/30/95 — 904-778-0960
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — Daytime Phone Number

0024741 CR