

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000043179 (8)

1. Corporation Name

FINANCIAL MARKETING PARTNERS, INC.

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

174 W COMSTOCK AVE
WINTER PARK FL 32789

Mailing Address

174 W COMSTOCK AVE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 174 W Comstock Ave

2a. Mailing Address

26 Same

4. FEI Number

59-3247342

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

Suite, Apt. #, etc.

22 SUITE 116

Suite, Apt. #, etc.

27

City & State

23 WINTER PARK FL

City & State

28

Zip

24 32789

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

COX, CYRUS A
185 W CENTRAL BLVD
SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Cyrus A. Cox

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

174 W Comstock Ave, Suite 102

83

84 City

Winter Park

FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ~~DP-?~~
12.2 NAME ~~BOLINGER, SUZANNE~~ BOLINGER
12.3 STREET ADDRESS 174 W COMSTOCK AVE
12.4 CITY - ST - ZIP WINTER PARK FL 32789

12.5 TITLE ~~DP-?~~
12.6 NAME COX, LAURA L
12.7 STREET ADDRESS 174 W COMSTOCK AVE
12.8 CITY - ST - ZIP WINTER PARK FL 32789

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY - ST - ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY - ST - ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY - ST - ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE PRESIDENT D P ☐ Change ☒ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ~~VICE PRESIDENT DV~~ ☐ Change ☒ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 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 110.07(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:

Laura L. Cox
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/27/95

Date

407-645-4200

Signature Phone #