

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 # **P94000058017 (2)**

1. Corporation Name

ADVANTAGE SALES & MARKETING, INC.



Principal Place of Business

**1301 NE 14TH STREET
OCALA FL 34470**

Mailing Address

**1301 NE 14TH STREET
OCALA FL 34470**

2. Principal Place of Business

21 **1125 US 98 SOUTH**

Suite, Apt. #, etc.

200

City & State

23 **LAKELAND FLORIDA**

Zip

24 **33801**

Country

25 **US**

2a. Mailing Address

26 **1125 US 98 SOUTH**

Suite, Apt. #, etc.

200

City & State

28 **LAKELAND FLORIDA**

Zip

29 **33801**

Country

30 **US**

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

03/30/1995

4. FEI Number

59-3257504

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

MILBRATH, L. MICHAEL - DECEASED

**1301 NE 14TH STREET
OCALA FL 34470**

10. Name and Address of New Registered Agent

81 Name

Ronald T. Murphy, Esq.

82

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

5015 South Florida Avenue

83

Suite 400A

84

City

Lakeland,

FL

85 Zip Code

33813

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 607.0503, Florida Statutes.

SIGNATURE

[Signature]

[Signature] **Ronald T. Murphy**

2-14-96

(NOTE: Registered Agent signature required on first registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
HAASER, HAROLD F**
STREET ADDRESS **1301 NE 14TH STREET**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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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 **1125 US 98 SOUTH SUITE 200**
1.4 CITY-ST-ZIP **LAKELAND FLORIDA 33801**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

2-27-96 941-686-1400
Date Telephone #

CR2E034 (12/95)