

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000063863 (2)

1. Corporation Name

BREAK-THROUGH MARKETING & MORE, INC.



Principal Place of Business

P.O. BOX 1505
LAKELAND FL 33802-1505

Mailing Address

P.O. BOX 1505
LAKELAND FL 33802-1505

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

29

30

9. Name and Address of Current Registered Agent

THORNTON, ROY D
640 HOWARD AVE.
LAKELAND FL 33801

3. Date Incorporated or Qualified
08/26/1994

3a. Date of Last Report
06/29/1995

4. FEI Number
59-3256215

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. 193.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0502 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 of corporation's officer or director (required for filing) (P.O. Box Number is Not Acceptable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	THORNTON, ROY D	☐ DELETE
NAME		640 HOWARD AVE. HOWARD	
STREET ADDRESS		LAKELAND FL 33801	
CITY-STATE-ZIP			
TITLE	VP	THORNTON, ROSE M	☐ DELETE
NAME		640 HOWARD AVE. HOWARD	
STREET ADDRESS		LAKELAND FL 33801	
CITY-STATE-ZIP			
TITLE	T	CREEL, TERI	☐ DELETE
NAME		2828 S. FERNCREAK AVE.	
STREET ADDRESS		ORLANDO FL 32806	
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 unchanged, or on an attachment with an address.

SIGNATURE:

Roy D. Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROY D. THORNTON

1-30-96 (941) 683-0045

Date

Daytime Phone

CR2E034 (12/95)