

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 5:37

DOCUMENT # **P94000069936 (0)**

1. Corporation Name

MANUFACTURER'S MARKETING SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/22/1994** 3a. Date of Last Report

4. FEI Number **59-3269599** 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

2. Principal Place of Business

Mailing Address

**714 WEST SYLVAN DRIVE
BRANDON FL 33510**

**714 WEST SYLVAN DRIVE
BRANDON FL 33510**

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CANNON, L. KINDER III
50 N. LAURA STREET
SUITE 3900
JACKSONVILLE FL 32202**

Celeste A. Weeks

81 Name **CELESTE A. WEEKS**
82 Street Address (P.O. Box Number is Not Acceptable) **714 W. Sylvan Drive**
83
84 City **Brandon** FL 85 Zip Code **33510**

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 *Celeste A. Weeks*

Celeste A. Weeks

1/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D WEEKS, HARRY D
2. STREET ADDRESS	C/O 714 WEST SYLVAN DRIVE
3. CITY, ST, ZIP	BRANDON FL 33510
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	

1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS	
15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 1.10 (b)(3)(B), Florida Statutes. I further certify that the information included on this annual report or biennial annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 13 of this report or on an attachment with an address.

SIGNATURE: *Celeste A. Weeks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CELESTE A. WEEKS 1-26-95
Date Expiration Date