

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 # P94000089269 (2)

1. Corporation Name

MARKETPLACE PROMOTIONS OF FLORIDA INC.



Principal Place of Business

Mailing Address

~~C/O DAVID A KING ATTORNEY~~
~~1416 KINGSLEY AVE~~
~~ORANGE PARK FL 32073~~

C/O DAVID A KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK FL 32073

2. Principal Place of Business

2a. Mailing Address

21 1536 Kingsley Avenue

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 117

27

City & State

City & State

23 Orange Park, FL

28

Zip

Country

Zip

Country

24 32073

25

U.S.A.

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

01/01/1995

4. FEI Number

Applied For

59-3282922

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

10. Name and Address of New Registered Agent

KING, DAVID A

~~1416 KINGSLEY AVE~~
~~ORANGE PARK FL 32073~~

81 Name

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

Attorney at Law

83

1416 Kingsley Avenue

84

City
Orange Park

FL

85

Zip Code
32073

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 title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BURNS, MYRA W-
STREET ADDRESS 73 DEWEES AVE
CITY-ST-ZIP ATLANTIC BEACH FL 32223-3

1.1 TITLE D,VP,S ☒ Change ☐ Addition

Burns, Myra W.

TITLE D ☐ DELETE
NAME PARNIGONI, ANTHONY J
STREET ADDRESS 1480 SWEET BOTTON CIR
CITY-ST-ZIP MARIETTA GA 30064

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D,P,T ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96

Date

770-333-8571

Daytime Phone #

CR2E034 (12/95)