

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 # P95000001771 (1)

1. Corporation Name

RESPONDER PUBLICATIONS, INC.



Principal Place of Business

3907 VERSAILLES DRIVE
TAMPA FL 33634

Mailing Address

P O BOX 261896
TAMPA FL 33685-1896

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3030 North Rocky Point Dr. W
Suite, Apt. #, etc.

26 P.O. Box 261896
Suite, Apt. #, etc.

4. FEI Number

59-3299150

Applied For

Not Applicable

22 Rocky Point Centre - Suite 530
City & State

27
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Tampa Florida
Zip Country

28 Tampa Florida
Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33607 25 USA

29 33685-1896 30 USA

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

SANDBORN, MARILYN D
201 E KENNEDY BLVD SUITE 1000
TAMPA FL 33602

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 typed or printed below of registered agent and the corporation

Signature typed or printed below of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D MARSHALL, PAMELA S
STREET ADDRESS 3907 VERSAILLES DR
CITY-ST-ZIP TAMPA FL 33634

1.1 TITLE CEO/Publisher ☒ Change ☐ Addition
1.2 NAME Pamela Marshall Bramlette
1.3 STREET ADDRESS (address A from above)
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D BRAMLETTE, DENIS M
STREET ADDRESS 3907 VERSAILLES DR
CITY-ST-ZIP TAMPA FL 33634

2.1 TITLE Executive Editor ☒ Change ☐ Addition
2.2 NAME (address A from above)
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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: Pamela Marshall Bramlette CEO/Publisher 5-6-96 813-288-8731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)