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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000007080 (1)

1. Corporation Name
PROMOTION CENTER, INC.



Principal Place of Business

18167 U.S. 19 NORTH
STE 260
CLEARWATER FL 34624

Mailing Address

18167 U.S. 19 NORTH
STE 260
CLEARWATER FL 34624-6568

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report
06/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 2717 Seville Blvd, Ste 16101
Clearwater, FL 34624
23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.
27 2717 Seville Blvd, Ste 16101
Clearwater, FL 34624
28 City & State

29 Zip 30 Country

4. FEI Number

59-3297379

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

GRAVES, KATIE
18167 U.S. 19 NORTH
STE 260
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

KATIE GRAVES

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

83

2717 Seville Blvd, Ste 16101
Clearwater, FL 34624

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 officer or director of corporation and title if applicable

KATIE GRAVES, President

4/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVS
NAME GRAVES, KATIE
STREET ADDRESS 18167 U.S. 19 NORTH STE 260
CITY-ST-ZIP CLEARWATER FL 34624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVS
1.2 NAME KATIE GRAVES
1.3 STREET ADDRESS 2717 Seville Blvd, Ste 16101
1.4 CITY-ST-ZIP Clearwater, FL 34624

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

KATHRYNE E. GRAVES

KATHRYNE E. GRAVES

4/30/97

813-796-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)