

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017998 (2)

1. Corporation Name

SUNSTATES MARKETING ASSOCIATES, INC.



Principal Place of Business

1125 U.S. HIGHWAY 98 SOUTH
SUITE 200
LAKELAND FL 33801

Mailing Address

1125 U.S. HIGHWAY 98 SOUTH
SUITE 200
LAKELAND FL 33801

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

4. FEI Number

59-3314907

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

MILBRATH, L M
1301 N.W. 14TH STREET
OCALA FL 34470

Deceased

10. Name and Address of New Registered Agent

81 Name

Joseph P. St. John

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

1125 US Highway 98 So #200

83

84 City

Lakeland

FL

85 Zip Code
33801

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 typed or printed name of registered agent and filing application

Signature of Registered Agent's signature required when re-registering

DATE

2/6/96

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ST. JOHN, JOSEPH	
STREET ADDRESS	1125 U.S. HIGHWAY 98 SOUTH, SUITE 200	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CAREY, JAMES E III	
STREET ADDRESS	1125 U.S. HIGHWAY 98 SOUTH, SUITE 200	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, RANDY	
STREET ADDRESS	1125 U.S. HIGHWAY 98 SOUTH, SUITE 200	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. St. John

DATE

2/6/96 (941) 686-1405

Daytime Phone #

CR2E034 (12/95)