FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # P95000025471 (0)

THE MARK PALMER COMPANY

Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



841 LUNDFORD ORANGE PARK		841 LUNDFORD CT ORANGE PARK FL 32085-5700		1			
				3. Date Incorporated or Qualified	3a. Date of Last		
2. Princ pal Place of Business 2a. Malling Address						03/30/1995 05/01/1996	
1		2a. Mailing Address	مالمأسمة		4. FEI Number	<u> </u>	Applied For
2,0110	Kinsley Ave.	26 993 MARB Suite, Apt. #, etc.	er 419		59-3336169	·	Not Applicable
22 Sut	le 306	27			5. Certificate of Status Desired	1 1 '	5 Additional Required
23 Orange PARK, IL 28 Orange Park			4	,	Election Campaign Financing Trust Fund Contribution		May Be od to Fees
24 3306	S 25 USA	29 3300 5	30 C Jintr	A		Yes No	rs. 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	<u></u>
WOL	.FE, LARRY		81	Name			
200-A JOHN KNOX ROAD Tallahassee FL 32303-8643				82 Street Address (P.O. Box Number is Not Acceptable)			
			83	·			
			84	City		FL 85 Zi	ip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligi	of Florida. Such change was a	uthorized b	y the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing of the appointment	j its registered as registered
SIGNATURE							
	Signature, type of or printed name of registered age			ent signature re	quired when reinstating)	DATE DIDEOT	00011140
12.	OFFICERS AN	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
TPLE	0	TT neres	1.1 TITLE	li h	DARK H A. MER		e L Addition
NAME	PALMER, MARK H		1.2 NAME		NARK H. AALMER 93 Marbleridge Drive		
STREET ADDRESS	841 LUNDFORD CT	•		T ADDRESS 🙎	25 masking Drive	, 	
CITY-ST-ZIP	ORANGE PARK FL 32065	DELETE	1.4 CITY-	ST-ZIP	eange Pack, 31 32065	Chang	e Addition
THE	D	C) Deceie	2.1 TITLE	h	nichule A PALMER	₩Z_I Uttang	e L Addition
NAMÉ	PALMER, MICHELLE A		2.2 NAME	I_			
STREET ADDRESS	841 LUNDFORD CT				P3 Margleridg, DRIV	<u>د</u> پ	
CITY - ST - ZIP	ORANGE PARK FL 32065	Florier	2.4 CITY	·ST-ZIP	range park, gr. 320) <u>65 </u>	T 4 age :
10,0		☐ DELETE	3.1 TITLE	į		L Chang	e [_] Addition
NAME			3 2 NAME			•	
STREET AUDRESS			1	T ADDRESS			
01Y-S1-7 r		T Dr. cre	3.4. CITY				
THE		[] DELETE	4.1 TITLE	l		L Chang	e Addition
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZiU			4.4 CITY-				-
341.6		DELETE	5.1 TITLE	1	•	Chang	e Addition
NAME.			5.2 NAME]			
STEEL ADDRESS			5.3 STREE	T ADDRESS			
City-ST 7IP			5.4 CITY-	ST-ZIP			
TIFLE		DELETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
C TY+ST+ZIP			6,4 CITY-				
14 Lale here!	I bus safety that the internation numbio	d with this films does not qualif			ted in Section 119 07(3)(i) Florida Statute	e. I further contifu th	at the

red necess certify mat the information supplied with his 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 simulal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the contraction of the report incises empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block, 12 or Block, 13 planned, or in an attraction with an address.

SIGNATURE:

AME OF SIGNING OFFICER OF DIRECTOR

9/10/97 (904) 272-1279