

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000056160

1. Corporation Name

BULL'S-EYE MARKETING, INC.

Principal Place of Business

Mailing Address

2411 S. Federal Highway
Fort Pierce, FL 34982

3. Date Incorporated or Qualified
07-18-95

3a. Date of Last Report
05-01-96

2. Principal Place of Business

21 3327 Hatcher St

Suite, Apt. #, etc.

2a. Mailing Address

26 3327 Hatcher St

Suite, Apt. #, etc.

4. FEI Number

59-334-5008

Applied For

Not Applicable

22 City & State

23 Fort Pierce, FL 34981

27 City & State

28 Fort Pierce, FL 34981

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

24 Zip

34981

Country

25 St. Lucie

29 Zip

34981

Country

30 St. Lucie

9. Name and Address of Current Registered Agent

Janice, F. Ellwood
2411 S. Federal Highway
Fort Pierce, FL 34982

10. Name and Address of New Registered Agent

81 Name Gary F. Ellwood
82 Street Address (P.O. Box Number is Not Acceptable)
3327 Hatcher Street
83 Fort Pierce
84 City

FL

85 Zip Code
34981

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 *GARY F. ELLWOOD*

(Signature type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JANICE F ELLWOOD	
STREET ADDRESS	2411 S. FEDERAL HWY	
CITY - ST - ZIP	FORT PIERCE FL 34982	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GARY F. ELLWOOD	
1.3 STREET ADDRESS	3327 HATCHER ST	
1.4 CITY - ST - ZIP	FORT PIERCE FL 34981	
2.1 TITLE	VP/SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIANA M ELLWOOD	
2.3 STREET ADDRESS	3327 HATCHER ST	
2.4 CITY - ST - ZIP	FORT PIERCE FL 34981	
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		

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CS
5/8/97

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 included 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

JANICE F ELLWOOD
JANICE F ELLWOOD

DATE

4/21/97

Daytime Phone #

CR2E034 (9/96)