

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JUL 15 AM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000058100 (5)

1. Corporation Name
ARROWHEAD MARKETING, INC.

Principal Place of Business

U.S. 19 SOUTH
MONTICELLO FL 32345
US

Mailing Address

P.O. BOX 160
MONTICELLO FL 32345-0160
US

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report
07/23/1996

2. Principal Place of Business

21 PO Box 846

Suite, Apt. #, etc.

22 City & State

Thomasville GA

23 Zip Country

31799 USA

2a. Mailing Address

26 PO Box 846

Suite, Apt. #, etc.

27 City & State

Thomasville GA

28 Zip Country

31799 USA

4. FEI Number

APPLIED FOR 502-91-1016

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

BIRD, T. BUCKINGHAM
220 SOUTH CHERRY STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D VOYLES, LEONARD O
STREET ADDRESS
P.O. BOX 160
CITY-ST-ZIP
MONTICELLO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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
1.2 NAME
D Beshears, Halsey
1.3 STREET ADDRESS
PO Box 846
1.4 CITY-ST-ZIP
Thomasville, GA 31799

2.1 TITLE
2.2 NAME
Halsey Beshears, Director
2.3 STREET ADDRESS
Rt. 4 Box 4188
2.4 CITY-ST-ZIP
Monticello, FL 32344

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

[Signature]

4-28-97

CR2E034 (9/96)