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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000065546

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City & State

INTERNATIONAL CAC MARKETING INC

MILINATIONAL GAS MARI	NETHING, HAO.				
Principal Place of Business Mailing Address		T I MONTAGO I ISA NAMA ARINI BANN ABINI ABINI BANN BANA BANA BANA			
1118 SHIPWATCH DRIVE E. P.O. BOX 49276 JACKSONVILLE FL 32225 JACKSONVILLE BEACH FL 32240 US		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed 08/24/1995			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 8246 Riding Clu	1 Pd E 26 8246 Ridino Club Rd &	E. 59-3356220	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	s out to some Desiration	\$8.75 Additional		

City & State

356220 \$8.75 Additional 5. Certificate of Status Desired 

- Fee Required \$5.00 May Be Added to Fees

Not Applicable

Trust Fund Contribution 8. This corporation owes the current year Intangible

6. Election Campaign Financing

□No Personal Property Tax. Yes 10. Name and Address of New Registered Agent

FILED

**Secretary of State** 

03-01-1999 90024 021 \*\*\*150.00

Mar 01, 1999 8:00 am

PEIRSON, FRANK H 1118 SHIPWATCH DRIVE E. JACKSONVILLE FL 32225

Duval

9. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 8246 Riding Club Rd. E 83

Jackson VIII & Zip Code 32256

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. Frank

	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature n		/ UAIE		
12.	OFFICERS AND DIRECTORS		13.		IANGES TO OFFICERS A		
TITLE	D	DELETE	1.1 TITLE	PRESIDENT	. ^	Change	Addition
NAME	PEIRSON, FRANK H		1.2 NAME	Debi K. PEIR 8246 RIDING Jacksonville	(10)		}
STREET ADDRESS	1118 SHIPWATCH DRIVE E.		1.3 STREET ADDRESS	8246 Riding	CIUD KO S.~	<b>.</b> ,	
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP	Jacksonville	FL 3dds	06	
TITLE		DELETE	2.1 TITLE		•	Change	☐ Addition
NAME			2.2 NAME				ļ
STREET ADDRESS	المستقد المستقدات		2.3 STREET ADDRESS			<u></u>	
CITY-ST-ZIP			2.4 CITY+ST-ZIP				
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STREET ADDRESS			3.3 STREET ADDRÉSS				1
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<del></del>		
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STREET ADDRESS				ļ
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				}
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u></u>			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				(

14. I 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: