

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

**FILED**

**Sep 23 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000018551 (7)

1. Corporation Name  
**SOUTH ATLANTIC MARKETING INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1218 ALWARD ST, PORT CHARLOTTE FL 33980, US  
Mailing Address: PO BOX 2532, PORT CHARLOTTE FL 33949, US

2. Principal Place of Business  
21 1970 KWBBS HWY  
22 Suite, Apt #, etc.  
23 PUNTA GORDA FLA  
24 City & State  
25 U.S.A.  
26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

3. Date Incorporated or Qualified: 02/26/1996  
4. FEI Number: 65-0653210  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: KITTLE, MICHAEL J, 1218 ALWARD ST, PORT CHARLOTTE FL 33980  
81 Name: Tom Bohager  
82 Street Address (P.O. Box Number is Not Acceptable): 20238 BENTON AVE  
83  
84 City: Pt CHARLOTTE, FL 85 Zip Code: 33952

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: Tom Bohager DATE: 8/25/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KITTLE, MICHAEL	
STREET ADDRESS	1218 ALWARD ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	POWER, JIM	
STREET ADDRESS	22412 DELHI ST/PO BOX 2521	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KITTLE, JOHN	
STREET ADDRESS	RT 66	
CITY-ST-ZIP	GHEENT NY	
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	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID R. BOHAGER	
1.3 STREET ADDRESS	5619 OLD WILKIE RD.	
1.4 CITY-ST-ZIP	GAINESVILLE GA 30506	
2.1 TITLE	VICE PRES. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS G. BOHAGER	
2.3 STREET ADDRESS	20238 BENTON AVE	
2.4 CITY-ST-ZIP	Pt CHARLOTTE FLA 33952	
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 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 address.

SIGNATURE: [Signature] DATE: 8/25/98 770-217-0037

CR2E034 (10/97)