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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90113 028 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000018551

1. Corporation Name
SOUTH ATLANTIC MARKETING INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1970 KINGS HWY
 PUNTA GORDA FL 33980
 US

Mailing Address
 PO BOX 2532
 PORT CHARLOTTE FL 33949
 US

3. Date Incorporated or Qualified
02/26/1996

2. Principal Place of Business
 21 **1970 Kings Hwy**

2a. Mailing Address
 26

4. FEI Number
65-0653210

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **Punta Gorda FL**

6. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **33980** 25 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

City & State
 28

Zip Country
 29 **33980** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOM BOHAGER
 20238 BENTON AVE
 PORT CHARLOTTE FL 33952

New ADDRESS →

81 Name
Tom Bohager

82 Street Address (P.O. Box Number is Not Acceptable)
23202 Piscilla Ave

83 City
Port Charlotte FL

84 City
FL

85 Zip Code
33954

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]*

1-8-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	P BOHAGER, DAVID R.
STREET ADDRESS	5619 OLD WILKIE RD
CITY-ST-ZIP	GAINESVILLE GA 30506
TITLE	<input type="checkbox"/> DELETE
NAME	VPS BOHAGER, THOMAS G.
STREET ADDRESS	20238 BENTON AVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
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	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-98 **944**
 Date Daytime Phone #

CR2E034 (1/98)