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AND
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97 MAY -1 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025843

1. Corporation Name

MANAGEMENT & MARKETING CONSULTING,
INC.

Principal Place of Business

Mailing Address

3794 PATCH DR
TALLAHASSEE, FL
32308

3794 PATCH DR
TALLAHASSEE, FL
32308

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN WATSON
3794 PATCH DR
TALLAHASSEE, FLA
32308

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

Franklin Watson

FRANKLIN WATSON

4/30/97

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PRESIDENT ☐ DELETE
NAME: FRANKLIN WATSON
STREET ADDRESS: 3794 PATCH DR
CITY, ST, ZIP: TALLAHASSEE, FL 32308

TITLE: SEC/TREASURER ☐ DELETE
NAME: NANCY WATSON
STREET ADDRESS: 3794 PATCH DRIVE
CITY, ST, ZIP: TALLAHASSEE, FL 32308

TITLE: DIRECTOR ☐ DELETE
NAME: MICHAEL WATSON
STREET ADDRESS: 3794 PATCH DR
CITY, ST, ZIP: TALLAHASSEE, FL 32308

TITLE: DIRECTOR ☐ DELETE
NAME: MATTHEW WATSON
STREET ADDRESS: 3794 PATCH DR
CITY, ST, ZIP: TALLAHASSEE, FL 32308

TITLE: DIRECTOR ☐ DELETE
NAME: JULIE WATSON
STREET ADDRESS: 3794 PATCH DR
CITY, ST, ZIP: TALLAHASSEE, FL 32308

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

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

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***165.00 ***165.00

☐ Change ☐ Addition

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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: *Franklin Watson*

FRANKLIN WATSON

4/30/97

904-671-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)