


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031244 (2)

1. Corporation Name  
FIRST RESOURCE MARKETING, INC.

Principal Place of Business 1141 EMERALD DRIVE SINGER ISLAND FL 33404	Mailing Address 1141 EMERALD DRIVE SINGER ISLAND FL 33404
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/04/1996

4. FEI Number 65-0658186	Applied For <input type="checkbox"/> Not Applicable
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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

2. Principal Place of Business 21 961 KENT LANE Suite, Apt. #, etc 22 City & State 23 PALM HARBOR, FL Zip 24 34683 Country 25 PINELLAS	2a. Mailing Address 26 961 KENT LANE Suite, Apt. #, etc 27 City & State 28 PALM HARBOR, FL Zip 29 34683 Country 30 FLA
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9. Name and Address of Current Registered Agent

HACKETT, JAMES W  
1141 EMERALD DRIVE  
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name SAME	82 Street Address (P.O. Box Number is Not Acceptable) 961 KENT LANE	83	84 City PALM HARBOR	85 FL	86 Zip Code 34683
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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 *James W. Hackett* - JAMES W. HACKETT - PRESIDENT - 4/21/98

(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 P	<input type="checkbox"/> DELETE
NAME HACKETT, JAMES W	
STREET ADDRESS 1141 EMERALD DRIVE	
CITY-ST-ZIP SINGER ISLAND FL 33404	

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	

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 VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME JAMES G. HACKETT	
1.3 STREET ADDRESS 2050 NO. CONGRESS AVE #4307	
1.4 CITY-ST-ZIP WEST PALM BEACH, FL. 33401	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

813-772-5880

Date

Daytime Phone #

0311276

CR2E034 (10/97)