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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000065297 (9)

ADVANTAGE MARKETING GROUP, INC.

| Principal Place of Business       |  | Mailing Address                             |  |              |  |
|-----------------------------------|--|---|--|--------------|--|
|                                   | 1614 GEORGE JENKINS BLVD.  LAKELAND FL 33801 US  2. Principal Place of Business 11  Suite, Apt. #, etc. 12  City & State 3  Zip Country 25  9. Name and Address of Curre  MERCER, STEPHEN J 1410 EASTON DR.  LAKELAND FL 33803  11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblications of Signature typed or printed name of registered a OFFICERS ATTITLE  D  MERCER, STEPHEN J  SIGNATURE  12. OFFICERS ATTITLE  D  MERCER, STEPHEN J  111 NORTH PEARL STREET |   | 1614 George Jenkins BLVD.<br>Lakeland FL 33801<br>Us |              |  |
|                                   | . 00001  |   |  |              | DO NOT WRITE IN THIS SPACE   |
|                                   |  |   |  |              | 3. Date Incorporated or Qualified  |
| <u> </u>                          |  |   |  |              | 08/05/1996   |
|                                   | IBCE OF BUSINESS   | 2a. Mailing Address                         |  |              | 4. FEI Number Applied For  |
| Suite Apt # etc                   |  | Suite, Apt. #, etc.                         |  |              | 59-3393180 Not Applicab  |
| 22                                | ", <b>U</b> (O.  | 27  |  |              | 5. Certificate of Status Desired Fee Regulred  |
| City & State                      |  | City & State                                |  |              | 6. Election Campaign Financing \$5.00 May Be   |
| 23                                |  | 28  |  |              | Trust Fund Contribution Added to Fees  |
| Zip                               | Country Zip C  |   | Country  |              | 8. This corporation owes or has paid the current year Intangible   |
| 24                                |  | 29  | 30   |              | Personal Property Tax due June 30. Yes No  |
|                                   | _ <del></del>  | Current Registered Agent                    |  | Alman .      | 10. Name and Address of New Registered Agent   |
|                                   |  |   | 81   | Name         | 3  |
|                                   |  |   | 82   | Street       | t Address (P.O. Box Number is Not Acceptable)  |
|                                   | LIGHTO I C GOODS   |   | 63   |              |  |
|                                   |  |   | 84   | City         | 85 Zip Code  |
|                                   |  |   |  |              |  |
| l <b>office</b> or r              | <b>epist</b> ered agent, or both, in the   | e State of Florida. Such ch <b>ange was</b> | authorized by  | the corn     | d corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered |
| 1                                 | m familiar with, and accept the  | e obligations of, Section 607.0505, F       | ionda Statute:                                       | 3.           |  |
| SIGNATURE                         | Signature, typed or printed name of regis  | tered agent and title if applicable. (NO    | TE: Registered Age                                   | nt signature | ire required when reinstating) DATE  |
| 12.                               | OFFICE   | RS AND DIRECTORS                            | 13.  |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE                             |  | ☐ DELETE                                    | 1.1 TITLE  |              | D Change Addition  |
| NAME                              |  |   | 1.2 NAME   | !            | MERCER, STEPHEN J.<br>1910 FOXALN PL.<br>LAKELAND, KL 33813  |
|                                   |  | REET #3A                                    | 1.3 STREET   | ADDRESS      | 1910 HOXALA PLI  |
|                                   |  | I or tre                                    |  |              | LAKELAND, FG 33813   |
| - '                               |  | ☐ DELETE                                    | 2.1 TITLE  |              | Change Addition  |
|                                   |  |   | 2.2 NAME<br>2.3 STREET ADDRESS                       |              |  |
| STREET ADDRESS 2801 LINTHILUM PL. |  |   |  |              | ·  |
| CITY-\$T-ZIP<br>TITLE             | TAMPA FL   | DELETE                                      | 2. 4 City - 5<br>3.1 Title                           | T - ZIP      | . Change Addition  |
| NAME                              |  | L. J VILLET                                 | 3.7 NAME   |              | . Littings Livering  |
| STREET ADDRESS                    |  |   | 3.3 STREET   | ADDRESS      |  |
| CITY-ST-ZIP                       |  |   | 3.4 CITY-5   | - 1          |  |
| TITLE                             |  | DELETE                                      | 4.1 TITLE  |              | ☐ Change ☐ Addition  |
| NAME                              |  |   | 4. 2 NAME  |              |  |
| STREET ADDRESS                    |  |   | 4.3 STREET   | ADDRESS      |  |
| CITY-ST-ZIP                       |  |   | 4.4 CITY-S   | T-ZIP        |  |
| TITLE                             |  | DELETE                                      | 5 1 TITLE  |              | Change Addition  |
| NAME                              |  |   | 5.2 NAME   | ľ            |  |
| STREET ADDRESS                    |  |   | 5.3 STREET   | ADDRESS      |  |
| CITY-ST-ZIP                       |  |   | 5.4 CITY - S   | T-ZIP        |  |
| TITLE                             |  | DELETE                                      | 6.1 TITLE  |              | Change Addition  |
| NAME                              |  |   | 6.2 NAME   |              |  |
| STREET ADDRESS                    |  |   | 6.3 STREET   | L            |  |
| CITY, ST. 7IP                     |  |   | 6.4 City_C   | T. 7/P       | I and the second se   |

14. Thereby 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: