

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

FILED

May 14 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 # **P96000067767 (9)**

1. Corporation Name
LP MARKETING INC.

| | |
|--|--|
| Principal Place of Business 5086 BARRINGTON CIRCLE SARASOTA FL 34234 | Mailing Address 5086 BARRINGTON CIRCLE SARASOTA FL 34234 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 08/12/1996 | |
| 4. FEI Number 65-0685795 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|---|------------------------|-----------------------------|
| 2. Principal Place of Business 21 4805 Country Oaks Blvd. Suite, Apt. #, etc. | 2a. Mailing Address 26 4805 Country Oaks Blvd. Suite, Apt. #, etc. | | |
| 22 City & State 23 Sarasota FL | 27 City & State 28 Sarasota FL | | |
| 24 Zip 34243 | 25 Country U.S.A. | 29 Zip 34243 | 30 Country U.S.A. |

9. Name and Address of Current Registered Agent

PITTMAN, SCOTT
5086 BARRINGTON CIRCLE
SARASOTA FL 34234

*Same registered agent
Simply new address.*

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Pittman, Scott |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4805 Country Oaks Blvd. |
| 83 |
| 84 City Sarasota |
| 85 Zip Code FL 34243 |

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, 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 checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PITTMAN, SCOTT | 1.2 NAME | Pittman, Scott |
| STREET ADDRESS | 5086 BARRINGTON CIRCLE | 1.3 STREET ADDRESS | 4805 Country Oaks Blvd. |
| CITY-ST-ZIP | SARASOTA FL 34234 | 1.4 CITY-ST-ZIP | Sarasota, FL 34243 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Chief Executive Officer. |
| NAME | LETTIS, JUDITH K | 2.2 NAME | Pittman, Judith K. |
| STREET ADDRESS | 5086 BARRINGTON CIRCLE | 2.3 STREET ADDRESS | 4805 Country Oaks Blvd. |
| CITY-ST-ZIP | SARASOTA FL 34234 | 2.4 CITY-ST-ZIP | Sarasota, FL 34243 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **Scott R. Pittman** - Scott R. Pittman 4/27/98

941-355-0956

CR2E034 (10/97)