

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000088737  
 Corporation Name: **PAL Marketing, Inc.**

Principal Place of Business: **12854 Muirfield Blvd. S. Jacksonville, FL 32225**  
 Mailing Address: **12854 Muirfield Blvd. S. Jacksonville, FL 32225**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**  
 10/23/96

<b>21</b> Principal Place of Business	<b>2a</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

**4. FEI Number** 59-3409296 Applied For:  Not Applicable

**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

**9. Name and Address of Current Registered Agent**

**Jawlor, John E., III**  
**1 Independent Drive, Suite 2600**  
**Jacksonville, Florida 32202**

**10. Name and Address of New Registered Agent**

**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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>P/D</b>	<input type="checkbox"/> DELETE
NAME <b>Shephard, James B.</b>	
STREET ADDRESS <b>12854 Muirfield Blvd. South</b>	
CITY-ST-ZIP <b>Jacksonville, FL 32225</b>	
TITLE <b>P/D</b>	<input type="checkbox"/> DELETE
NAME <b>Shephard, Alice D.</b>	
STREET ADDRESS <b>12854 Muirfield Blvd. South</b>	
CITY-ST-ZIP <b>Jacksonville, FL 32225</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>Shephard, Scott A.</b>	
STREET ADDRESS <b>1007 Hempstead Drive</b>	
CITY-ST-ZIP <b>Union, Kentucky 41091</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>Eison, Ann Shephard</b>	
STREET ADDRESS <b>11852 Ashbrook Circle W.</b>	
CITY-ST-ZIP <b>Jacksonville, FL 32225</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**100002509091**  
**-05/04/98--01030--008**  
**\*\*\*150.00**

**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 at the time of or before employment 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: **JAMES B. SHEPHARD** *James B. Shephard* **4-22-98** (904) 565-1727  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)