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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098363 (0)

1. Corporation Name  
TOTAL QUALITY MARKETING, INC.



Principal Place of Business  
5704 NO BRANCH  
TAMPA FL 33607

Mailing Address  
5704 NO BRANCH  
TAMPA FL 33607

3. Date Incorporated or Qualified  
12/02/1996

3a. Date of Last Report

4. FEI Number  
59-3410573

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 5704 N. BRANCH AVE  
Suite, Apt. #, etc.  
22  
City & State  
23 TAMPA, FL  
Zip  
24 33604  
Country  
25 US

2a. Mailing Address  
26 5704 N. BRANCH AVE.  
Suite, Apt. #, etc.  
27  
City & State  
28 TAMPA, FL  
Zip  
29 33604  
Country  
30 US

9. Name and Address of Current Registered Agent

VOIDA, PHILIP G  
5704 NO BRANCH  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name  
ERIN KIERNAN GRAY

82 Street Address (P.O. Box Number is Not Acceptable)  
5704 N. BRANCH AVENUE

83

84 City  
TAMPA

85 Zip Code  
FL 33604

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 ERIN KIERNAN GRAY 4-15-97  
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 type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	ERIN KIERNAN GRAY
STREET ADDRESS		1.3 STREET ADDRESS	5704 N. BRANCH AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33604
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: ERIN KIERNAN GRAY 4-15-97 813/234-1224  
Signature typed or printed name of signing officer or director Date Daytime Phone # 0012426

CR2E034 (9/96)