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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099518 (8)

	DR MARKETING, INC.				
Principal Plac		Mailing Address			
7751 BELFORT PARKWAY 7751 BELFORT PARKWAY			•		
SUITE 350 SUITE 350 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256			DO NOT WRITE IN THIS SPACE		
, mondonin	LE VE VELOV	BACKSONTICE TE SEESO		3. Date Incorporated or Qualified	
				12/09/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3420443	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		27		6. Certificate of Statos Desired	Fee Required
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registe	ared Agent
	JRR, EDWARD E		81 Name		
	'51 BELFORT PARKWAY		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	JITE 350 ICK S ONVILLE FL 32256		83	, , , , , , , , , , , , , , , , , , , ,	
			84 City		85 Zip Code
					FL i
office or r agent. I a SIGNATURE	to the provisions of Sections solves egistered agent, or both, in the Stat im familiar with, and accept the obli-		ithorized by the corporal ida Statutes. Registered Agent signature requi	poration submits this statement for the purportion's board of directors. I hereby accept the	appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BURR, EDWARD E		1,2 NAME		-
STREET ADDRESS 7751 BELFORT PARKWAY STE 350		STE 350	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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.

Edward E. Burr President 5/1/09 (904) 296–1300

6.4 CITY-ST-ZIP