FILE NOW. FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
99

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

98-99 AR

FILED
99 AUG 13 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000046682

1. Corporation Name

FAIRWAY MARKETING GROUP OF PINELLAS, INC

Principal Place of Business
4625 E. BAY DR. STE 308
CLEARWATER, FL 33764

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 4625 E. BAY DR	26	2-21-97	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22 308	27	59-3427921	
City & State	City & State	5. Certificate of Status Desired X	$8.75 Additional Fee Required
23 CLEARWATER FL	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation owes the current year Intangible Personal Property Tax	☐ Yes ☐ No
24 33764 25 USA	29 30		

9. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP
8668 PARK BLVD
SEMINOLE, FL

10. Name and Address of New Registered Agent

81 Name: T.J. CARRIGAN & CO INC
82 Street Address (P.O. Box Number is Not Acceptable): 8802 Rocky Creek Dr. Suite 8
83
84 City: TAMPA FL 85 Zip Code: 33615

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: Thomas J. Carrigan — 4-29-99
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	PRESIDENT ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	R. DARREN CARLSON #308	12 NAME	000002963800---4
STREET ADDRESS	4625 EAST BAY DR	13 STREET ADDRESS	-08/19/99--01012--008
CITY-ST-ZIP	CLEARWATER, FL. 33764	14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	VICE PRESIDENT ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ROBERT TAYLOR	22 NAME	000002963800---4
STREET ADDRESS	4625 EAST BAY DR	23 STREET ADDRESS	-08/19/99--01012--009
CITY-ST-ZIP	CLEARWATER FL. 33764	24 CITY-ST-ZIP	****158.75 ****158.75
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: PRESIDENT R. DARREN CARLSON — Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

DEAR LESLIE, 8-12-97

PLEASE TELL ME THE EASIEST WAY TO REINSTATE MY CORP. I SIMPLY CHANGED ACCOUNTING FIRMS & MY OLD ACCOUNTANT BLOWE HE DID THE FEES TO YOU, BUT HE DID NOT.

THANK YOU,

R. DARREN CAMPSON