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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700064773

1. Corporation Name

GRASSROOTS MARKETING AND COMMUNICATIONS, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90141 030 ***150.00



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Principal Place of Business Mailing Address					,			
P.O. BOX 2323 P.O. BOX 2323								
ZEPHYRHILLS FL 33539 ZEPHYRHILLS FL 33539				DO NOT WRITE IN THIS SE		SPACE		
					3. Date incorporated or Qua		TOTAGE	
					07/18/1997	ii.cu		
a Drinning I Di	f Pusings	2a. Mailing Address	111	,	4. FEI Number		ΙΔn	plied For
			y Address		59-3459643		<u> </u>	t Applicable
21 Suite Ant		Suite Ant # etc	Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt. ;	+, etc.	⊢	Suite, Apt. #, etc.			ed 🗌	Fee Re	
City & State		City & State	City & State				\$5.00	
_ `		⊢ ′	¬ '			cing 🗆	Added to	
Zip Country		28	Zip Country		Trust Fund Contribution	current year In		
—	25		30	.,	8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Current		30)		10. Name and Address of New Registered Agent			
	g. Name and Address of Current	I Kogistored Agent	8	1 Name			Õ	
CORCORAN, JESSICA R				Loycoran Jessica h				
8840 SPARKLEBERRY LANE			8	2 Street Add	Iress (P.O. Box Number is Not Ac	ceptable)	^^	İ
ZEPHYRILLS FL 33541			-	3	o sparnico	244 	<u>unc</u>	
22,	11111220 12 00011		ľ			<u> </u>		
			8	4 City	4 11-	FL	85 gip-5	Code, (
				<u> </u>	MY MILS			241
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida. &Och change was au	s, the abo thorized b	ve-named colly v the corporati	poration submits this statement to ion's board of directors. I hereby a	r the purpose or accept the appo	changing its intment as re	gistered
agent. I ar	n támiliar with, and accept the obligat	ons of, Section 607.0505, Flori	da Statute	es.		16/	10/ac	,
SIGNATURE	1 /DDica 1		4/0	<u>'0/17</u>	<u> </u>			
Signature typed or prifted name of registered agent and title if applicable. (NOTE: N				jent signature requir	red when reinstating)	DATE	/ / PIDEOTO	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS AF	D DIRECTO ☐ Change	Addition
TITLE	, p	☐ DELETE	1.1 TITLE			•	☐ criange	
NAME U	CORCORAN, JESSICA		1.2 NAM	E				
STREET ADDRESS	8810 SPARKLEBERRY LANE		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP .	ZEPHYRILLS FL 33541		1.4 CITY		<u> </u>	<u> </u>		C Addition
TITLE		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME .			2.2 NAM	 				_
STREET ADDRESS	and a street		2.3 STR	ET ADDRESS	ب سسد		•	· .
CITY-ST-ZIP			2.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE	:		٠.	☐ Change	☐ Addition
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CITY-ST-ZIP .			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAM	E				
STREET ADDRESS	•		4.3 STRI	EET ADDRESS	•			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		-		
TITLE		☐ DELETE	5.1 TITL				Change	Addition
NAME			5.2 NAM	į.				,
STREET ADDRESS			5.3 STRE	ET ADDRESS	•	•		
			5.4 CITY					
CITY-ST-ZIP .		☐ DELETE	6.1 TITLE				☐ Change	Addition
			6.2 NAM		,			_
NAME				ET ADDRESS	_			
STREET ADDRESS	-		0.0 0 IK		•			f

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. CITY-ST-ZIP

SIGNATURE: