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FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000074943 (6)

1. Corporation Name

~~TJW PROMOTION TECHNOLOGIES, INC.~~

Six Pockets, Inc. f/k/a TJW Promotion
Technologies, Inc.

Principal Place of Business

Mailing Address

4802 LONDONDERRY DRIVE
TAMPA FL 33647

4802 LONDONDERRY DRIVE
TAMPA FL 33647



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/28/1997

4. FEI Number

59-3467844

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

2. Principal Place of Business

2a. Mailing Address

21 15333 Amberly Dr.
Suite, Apt. #, etc.

26 15333 Amberly Dr.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33647

25 USA

29 33647

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, TIMOTHY J
4802 LONDONDERRY DRIVE
TAMPA FL 33647

81 Name

Wilson, Timothy J.

82 Street Address (P.O. Box Number is Not Acceptable)

15333 Amberly Dr.

83

84 City

Tampa

FL

85

33647

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

Timothy J. Wilson
Signature, typed or printed name of registered agent and title if applicable

Timothy J. Wilson

2/18/98

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P
Timothy J. Wilson
15333 Amberly Dr.
Tampa, FL 33647

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V
Len Nowry
15333 Amberly Dr.
Tampa, FL 33647

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 registered agent 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

Timothy J. Wilson

TIMOTHY J WILSON

2/18/98

813-922-1725

CR2E034 (10/97)