## 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 # P98000028255

1. Corporation Name

**B & A MARKETING, INC.** 

| Findipal Flace of Busine |
|--------------------------|
| 9416 BUNTING LANE        |
| CORT BIEROE EL GACEA     |

Mailing Address

## FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90086 049 \*\*\*150.00



Principal Place of Business 9416 BUNTING LANE FORT PIERCE FL 34951 FORT PIERCE FL 34951 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/26/1998 4. FEI Number (EIN) Applied For 2. Principal Place of Business 2a. Mailing Address 65-0830380 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAVIS, STEPHEN F Street Address (P.O. Box Number is Not Acceptable) 9416 BUNTING LANE FORT PIERCE FL 34951 83 Zip Code 84 City 85 President 01.23-99

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 DELETE Change ☐ Addition TITLE 1.1 TITLE DAVIS, STEPHEN F 1.2 NAME NAME 9416 BUNTING LANE 1.3 STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34951 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change □ DELETE 2.1 TITLE TITI F 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY- ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY- \$T-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)