

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90281 045 ***158.75

DOCUMENT # PA 40000649 024

1. Corporation Name

MULBERRY NET MARKETING inc.

Principal Place of Business

Mailing Address

426 80TH AVENUE
ST. PETERSBURG FL 33755

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ST. PETERSBURG
FL 33755

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1998

2. Principal Place of Business

2a. Mailing Address

21 1939 JUNE BELLS

26 1939 JUNE BELLS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-351-6439

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOIVIN, PAUL K
1105 AMBLE LANE
CLEARWATER FL 33755

81 Name RENEE BOIVIN

82 Street Address (P.O. Box Number is Not Acceptable)
1939 JUNE BELLS DR.

83

84 City CLEARWATER

FL

85 Zip Code 33755

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 *Renee Boivin* Renee Boivin, Treasurer

4-26-99

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME BOIVIN, PAUL K
1.3 STREET ADDRESS 1105 AMBLE LANE
1.4 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME HONEY, ANDREW C
2.3 STREET ADDRESS 1053 BASS BLVD.
2.4 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME BOIVIN, RENEE M
3.3 STREET ADDRESS 1939 JUNE BELLS DR.
3.4 CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE SECRETARY ☐ Change ☒ Addition
4.2 NAME BOIVIN, PAUL L
4.3 STREET ADDRESS 104 SOUTH MARY AVE
4.4 CITY-ST-ZIP CLEARWATER 33755

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Renee Boivin* Renee Boivin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 927-895-4410

CR2E034 (11/98)