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**May 22, 2001 8:00 am**
**Secretary of State**
05-22-2001 90052 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT

2001

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053067

1. Corporation Name

S & M SALES & MARKETING, INC.

[redacted]

Principal Place of Business / Mailing Address

4501 GOSSAMER COURT
TAMPA, FLORIDA 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/11/1998

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / County
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / County
29 / 30

4. FEI Number
59-3520482
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

7. This corporation does the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MS. SMITTY SMITH
3802 EHRLICH ROAD, SUITE 210
TAMPA, FLORIDA 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named entity 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 [illegible] DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 71 TITLE / 72 NAME / 73 STREET ADDRESS / 74 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 75 TITLE / 76 NAME / 77 STREET ADDRESS / 78 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 79 TITLE / 80 NAME / 81 STREET ADDRESS / 82 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 83 TITLE / 84 NAME / 85 STREET ADDRESS / 86 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 87 TITLE / 88 NAME / 89 STREET ADDRESS / 90 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 91 TITLE / 92 NAME / 93 STREET ADDRESS / 94 CITY-ST-ZIP | ☐ 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 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 added on an attachment with an address, with all other like empowered.

SIGNATURE: John McCarthy 4-30-01 813-503-4057
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #