

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
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DOCUMENT # P98000076260

1. Corporation Name

TURNBULL BAY MARKETING, INC.

99 MAR -4 PM 3:00

STATE
FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1460 OCEAN SHORE BOULEVARD ORMOND BEACH FL 32176	Mailing Address 1460 OCEAN SHORE BOULEVARD ORMOND BEACH FL 32176
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3. Date Incorporated or Qualified

09/01/1998

4. FEL Number

64-3535941

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HILLMAN, ROBERT L
1460 OCEAN SHORE BOULEVARD
ORMOND BEACH FL 32176

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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE ☐ DELETE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ DELETE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ DELETE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ DELETE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ DELETE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ DELETE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE ☐ Change ☐ Addition

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE ☐ Change ☐ Addition

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE ☐ Change ☐ Addition

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE ☐ Change ☐ Addition

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE ☐ Change ☐ Addition

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE ☐ Change ☐ Addition

1.26 NAME

1.27 STREET ADDRESS

1.28 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)