APR. 21. 1999 4:01PM GRIMES, GOEBEL ET AL

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May 10, 1999 8:00 am
Secretary of State
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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000084678 Vof

1. Corporation Name: J. Francis MARKETING, INC.

Principal Place of Business	Mailing Address
4302 39TH ST. W APT 10 BRADENTON, FL 34205	4302 39TH ST. W APT 10 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/2/98

2. Principal Place of Business 21	2a. Mailing Address 26 4302 39TH ST. W
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 10
City & State 23	City & State 28 BRADENTON, FL
Zip / Country 24 / 25	Zip / Country 29 34205 / 30 USA

4. FEI Number: 65-0866407 ☐ 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
CALEB J. GRIMES 1023 Manatee Ave W. Bradenton, FL 34205	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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RANDOLPH BEEMAN	1.2 NAME	
STREET ADDRESS	2215 Cork OAK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FLORIDA 34232	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVID CHISM	2.2 NAME	
STREET ADDRESS	1804 FORT HAMMER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH, FLORIDA 34219	2.4 CITY-ST-ZIP	
TITLE	SECRETARY & TREASURER ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARK S. KICHAR	3.2 NAME	
STREET ADDRESS	4302 39TH ST. W APT 10	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34205	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: Mark S Kichar MARK S. KICHAR 4/27/99 941-758-8966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #