

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 04, 1999 8:00 am  
Secretary of State

05-04-1999 90194 016 \*\*\*150.00

DOCUMENT # P98000103234

1. Corporation Name

MARKET DEVELOPMENT SERVICES, INC.

Principal Place of Business

2218 MONAGHAN DR  
TALLAHASSEE FL 32308

Mailing Address

2218 MONAGHAN DR  
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1998

4. FEI Number

Applied For

☒ 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

2. Principal Place of Business

21 1546 Metropolitan Blvd.

Suite, Apt. #, etc.

22 Suite # 4

City & State

23 Tallahassee, Florida

Zip

24 32308

Country

25 Leon

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip

Country

29 30

9. Name and Address of Current Registered Agent

JARRETT, JAMES  
2218 MONAGHAN DR  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

James Jarrett

82 Street Address (P.O. Box Number is Not Acceptable)

1546 Metropolitan Blvd

83

Suite # 4

84 City

Tallahassee

FL

85 Zip Code

32308

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

James Jarrett

(NOTE: Registered Agent signature required when reinstating)

James Jarrett

4/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME James Jarrett  
STREET ADDRESS 1546-4 Metropolitan Blvd  
CITY-ST-ZIP Tallahassee, FL

TITLE ☐ DELETE

NAME Sec  
James Jarrett  
STREET ADDRESS 1546 Metropolitan Blvd  
CITY-ST-ZIP Tall, Fla. 32308

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

James Jarrett

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/20/99

DATE

(850) 531-0087

Daytime Phone #

CR2E034 (11/98)