## 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** 

## DOCUMENT # P98000104238

1. Corporation Name

DIRECT MARKETING CONSULTING, INC.

Principal Place of Business

Mailing Address

36715 TARA AVE.

36715 TARA AVE.

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90067 036 \*\*\*158.75



ZEPHYRHILLS FI	L 33541	ZEPHYRHILLS FL 33541		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				12/14/1998		
2. Principal P	lace of Business	2a. Mailing Address	-	4. FEI Number	Apr	olied For
21 5114	ENGLEWOOD LANE	26 5114 ENELEW	OUD LAKE	59-3552051	<del></del>	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27		7	Fee Red	·
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	- 1
23 ZEPH		ZEVHYRHULS Zip C	,FL	Trust Fund Contribution	Added to	o Fees
Zip	'Country		ountry	8. This corporation owes the current year in		□No
24 335		29 33541 30		Personal Property Tax.  10. Name and Address of New Registered		LJINO
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	, Agont	
non	R, CLIFFORD W JR.			CLIFFORD W JR. ess (P.O. Box Number is Not Acceptable)		
	5 TARA AVE.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
	IYRHILLS FL 33541		5/14	ENGLEWOOD LANE		
ZLF1	THATELO I C 30041		63			
			84 City	FI FI	85 Zip C	
			1 ZEPH	HYRHILLS  oration submits this statement for the purpose of directors. I berefly accept the annual property of directors.	<u> </u>	54/
office or r	registered agent, or both, in the State of	Florida. Such change was authoriz	teu by the corporation	on's board of directors. I hereby accept the appe	ointment as reç	gistered
agent. I a	im familiar with, and accept the obligation	ons of Section 607.0505, Florida St	atutes.			1
SIGNATURE	( Illand W. Da			d when reinstating) DATE		
40	Signature: types of printed name of registered agent a		red Agent signature required  3.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	OFFICERS AND		TITLE	ADDITIONOIGNATORS TO OTHER STATE	☐ Change	Addition
TITLE	DORR, CLIFFORD W JR.		NAME			_
NAME						1
	36715 TARA AVE.		STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		TITLE		☐ Change	Addition
TITLE	DODD SALLY A		2 NAME			_
NAME	DORR, SALLY A 36715 TARA AVE.		S STREET ADDRESS			ļ
STREET ADDRESS						1
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		4 CITY-ST-ZIP		Change	Addition
TITLE			2 NAME		_ •	_
NAME						
STREET ADORESS	<u> </u>		STREET ADDRESS			
CITY-ST-ZIP		- · · · · ·	4. CITY-ST-ZIP		☐ Change	Addition
TITLE						١
NAME			2 NAME			
STREET ADDRESS	1		3 STREET ADDRESS			
CITY-ST-ZIP			4 CITY-ST-ZIP 1 TITLE		Change	Addition
TITLE	}	_	2 NAME			
NAME			3 STREET ADDRESS			{
STREET ADDRESS	1					Ì
CITY-ST-ZIP			4 CITY-ST-ZIP 1 TITLE		Change	Addition
TITLE		C) DECE,C				
NAME			2 NAME			
STREET ADDRESS			3 STREET ADDRESS			
CITY-ST-ZIP		6.	4 CITY-ST-ZIP	Postion 440 07/3Vi) Florida Statutes   further c	artifu that that	nformation

indicated on this annual report or 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.

FRORD CO DOR JR. PRESIDENT 4/28/99 **SIGNATURI** 

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