

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90094 006 ***150.00

DOCUMENT # S06929

1. Corporation Name

MARKETING CONCEPTS INTERNATIONAL, INC.

Principal Place of Business

6120-10 POWERS AVE.
S-184
JACKSONVILLE FL 32217

Mailing Address

6120-10 POWERS AVE.
S-184
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1990

4. FEI Number

59-3016328

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 4541-3 ST. AUGUSTINE Rd

Suite, Apt. #, etc.

22 SUITE 3

City & State

23 JACKSONVILLE FL

Zip

24 32207

Country

25 DVAL

2a. Mailing Address

26 Rd

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SWISHER, JAMES A.
6120-10 POWERS AVE.
S-184
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

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

83 Suite, Apt. #, etc.

84 City & State

85 Zip Code

JAMES A. SWISHER
4541 ST AUGUSTINE Rd
SUITE 3
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SWISHER, JAMES A.

STREET ADDRESS 6120-10 POWERS AVE., #184

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SWISHER, BONNIE J.

STREET ADDRESS 6120-10 POWERS AVE., #184

CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SWISHER, SCOTT

STREET ADDRESS 6120-10 POWERS AVE, #184

CITY-ST-ZIP JACKSONVILLE FL 32217

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 PRES ☒ Change ☐ Addition

1.2 NAME JAMES A. SWISHER

1.3 STREET ADDRESS 4541-3 ST AUGUSTINE Rd

1.4 CITY-ST-ZIP JAY FL 32207

2.1 TITLE V.P. ☒ Change ☐ Addition

2.2 NAME SCOTT SWISHER

2.3 STREET ADDRESS 4541-3 ST. AUGUSTINE Rd

2.4 CITY-ST-ZIP JAY FL 32207

3.1 TITLE SEC ☒ Change ☐ Addition

3.2 NAME BONNIE SWISHER

3.3 STREET ADDRESS 4541-3 ST. AUGUSTINE Rd

3.4 CITY-ST-ZIP JAY FL 32207

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:

Signature, typed or printed name of signing officer or director

1-20-99

904-398-0999

Date

Daytime Phone #

CR2E034 (1/98)