

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09922** (3)

1. Corporation Name:

INDEPENDENT MARKETING GROUP, INC.

Principal Place of Business:

**2202 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

Mailing Address:

**2202 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**



2. Principal Place of Business:

2a. Mailing Address:

21	Street Address	26	Street Address
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25	Country	30	Country

9. Name and Address of Current Registered Agent

**BRYAN, CARTER BYRD
2202 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

3. Did the corporation or Qualify?

11/01/1990

3a. Date of Last Report

05/01/1995

4. EIN Number

59-3033876

Applied For
Not Applicable

5. Creditors of Shares Delivered

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (If O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 609.01 and 609.15 of the 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, hereby accept this appointment as registered agent. I am familiar with and accept the obligation of Sections 609.01 and 609.15 of the Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation.

Signature of the person who is the registered agent of the corporation.

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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15	NAME	[] Change [] Addition
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14. I hereby certify that the information supplied in this change is voluntary, true, correct and complete, and that I am not aware of any information that would cause me to believe that the information is false or misleading. I further certify that I am an officer or director of the corporation or the registered agent or the person who is the registered agent of the corporation, and that my signature shall have the same legal effect as if made under oath. I am familiar with and accept the obligation of Sections 609.01 and 609.15 of the Florida Statutes, and that my name appears in Block 12 or Block 13 of this change.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/94

904-358-5501

CR2E034 (12/95)