05101999-90174-050-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

AMMENDED FILED
SECRETARY OF STATE
Fee $61.25
99 JUL 28 AM 10:42

DOCUMENT # S67722

1. Corporation Name
TS MARKETING, INC.

Principal Place of Business	Mailing Address
2176 RESERVE PARK TRACE PORT ST LUCIE FL 34986 US	2107 HWY 441 SE OKEECHOBEE FL 34974

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 07/22/1991
4. FEI Number: 59-3079884 ☐ 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

JONES, RANDALL A
~~2176 RESERVE PARK TRACE~~ 2178 Reserve Park Trace
PORT ST LUCIE FL 34986

10. Name and Address of New Registered Agent

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 607.1506, 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RANDALL A		1.2 NAME		
STREET ADDRESS	2176 RESERVE PARK TRACE 2178 Reserve Park Trace		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34986		1.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARN, STEVEN R		2.2 NAME		
STREET ADDRESS	2176 RESERVE PARK TRACE 2178 Reserve Park Trace		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL 34986		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME	~~STARR, BARBARA~~		3.2 NAME	PATRICIA R. Shatley	
STREET ADDRESS	2176 RESERVE PARK TRACE		3.3 STREET ADDRESS	2178 Reserve Park Trace	
CITY-ST-ZIP	PORT ST LUCIE FL 34986		3.4 CITY-ST-ZIP	Port St Lucie, FL 34986	
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		

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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: X _____ 5/1/99 561 461-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/22/99 (561) 461-4900 x26