FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # V46283 (0)

1. NATIONWIDE MARKETING, INC.

Principal Place of Business	Mailing Address
1249 US 27TH SOUTH SEBRING FL 33870	1249 US 27TH SOUTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1992

3a. Date of Last Report: 10/17/1994

2. Principal Place of Business	2a. Mailing Address
21 4910 CALATRAVA AVENUE	26 4910 CALATRAVE AVENUE
22 Suite, Apt. # or other	27 Suite, Apt. # or other
23 City & State: SEBRING, FLORIDA	28 City & State: SEBRING, FLORIDA
24 Zip: 33872 25 Country: USA	29 Zip: 33872 30 Country: USA

4. FEI Number: 59-3128789 ☐ 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. Is this corporation filing for the purpose of obtaining or renewing its U.S. Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCGINN, JOANN 4910 CALATRAVA AVE. SEBRING FL 33872	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 Section 607.1005, 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 that position. Florida Statutes.

SIGNATURE: J. McGinn - Joann McGinn 4-28-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: ST NAME: MCGINN, JOHN D SR. STREET ADDRESS: 4910 CALATRAVE AVE CITY ST ZIP: SEBRING FL 33872	☐ Change ☐ Addition
TITLE: PST NAME: MCGINN, JOHN D JR STREET ADDRESS: 241 TREASURE HARBOR DR CITY ST ZIP: ISLAMORADA FL 33036	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

14. I declare that I have examined the information contained herein and that to the best of my knowledge and belief, it is true, correct and complete. Florida Statutes. Further, I certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: J. McGinn JOHN D. MCGINN, JR. (305)852-4190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0448915 FP