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 Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90171 041 ***150.00

DOCUMENT # J86588

TULLY ADVERTISING, INCORPORATED

	W		IIII	Ш				Ш
						Ш		Ш

	Addition Addition								
Principal Place		Mailing Address		<u> </u>	<u></u>				
1602-NORTH-9T		1602 NORTH 9TH AVENUE							
PENSACOLA FL	. 32503	PENSACOLA FL 32503 US				DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed					
						08/03/1987			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	I A	oplied For	
21		26				59-2848927	No	ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27				5. Certifcate of Status Desired	Fee R	equired	
City & State	e	City & State				6. Election Campaign Financing		May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. Yes No			
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered	Agent		
I FI K	CHTMAN, GARY B.			"	Name				
	GERHARDT DR					dress (P.O. Box Number is Not Acceptable)			
	SACOLA FL 32503			83					
				04	C'A.		DE Zin	Code	
					City				
-11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508; Florida Statu	tes, the a	bove-	named corporation	ration submits this statement for the purpose of solutions of directors. I hereby accept the appropriate the statement for the purpose of the statement for the state	of changing its pintment as re	registered	
agent. I a	registered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Stat	utes.	ie corporation	13 board of directors. Thereby decept the app	January Go Te	9.5	
SIGNATURE									
	Signature, typed or printed name of registered ager		_ - -	Agent :	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	3DC IN 12	
12.		D DIRECTORS	13.	-		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
TITLE	P	☐ DELETE	1.1 π				Change	Addition	
NAME	TULLY, MARK 2014 LAKEVIEW AVE.		1.2 N						
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		_1_	ITY-ST-	ZIP		☐ Change	Addition	
TITLE		☐ DELETE	2.1 TI		ŀ		□ Change		
NAME			2.2 N					1	
STREET ADDRESS					ADDRESS			1	
CITY-ST-ZIP			_	ITY-ST-	-ZIP				
TITLE							Change	□ Addition	
NAME	1	☐ DELETE	3.1 TI				☐ Change	☐ Addition	
STREET ADDRESS		. DELETE	3.2 N	AME			☐ Change	Addition	
STREET ADDRESS		. DELETE	3.2 N	AME TREET A	ADDRESS		☐ Change	Addition	
CITY-ST-ZIP			3.2 N 3.3 S 3.4. C	AME TREET A				_	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.2 NJ 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI	AME TREET A CITY-ST- TLE IAME TREET A ITY-ST- ITLE	ADDRESS			_	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	100 Sec	☐ DELETE	32 NV 33 S' 34. C 4.1 TI 4.2 N 43 S' 44 CC 5.1 TI 52 N 53 S'	AME TREET A CITY-ST- TLE TREET A TIY-ST- TILE AME TREET A	ADDRESS ZIP ADDRESS		Change	Addition	
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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 informationated 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 of 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 of an attachment with an address, with all other like empowered.

SIGNATURE: