DOCUMENT # J86588 1. Entity Name TULLY ADVERTISING, INCORPORATED						FILED Apr 07, 2000 8:00 am Secretary of State 04-07-2000 90017 001 ***150.00					
Principal Plac 1602 NORTH 91 PENSACOLA FL	TH AVENUE	Mailing Address 1602 NORTH 9TH AVENUE PENSACOLA FL 32561-4458 US									
2. Principal P HDD GU Suite, Apt.		3. Mailing Address 400 GULF BREEZE PKWY Suite, Apt. #, etc.			\ -\ -\	DO NOT WRITE IN THIS SPACE					
Q00	9.0.0	200 City & Slate GULF BLESZE FL			4. FE	i Number	59-2848927		Apı	plied For t Applicable	
3256	Country	Zip 3256-1	Country			ertificate of St	atus Desired	Fee R	5 Addi	itional	
					RK (P.O. Bo:	TI	ILLY Not Acceptable)	ee L	D ip Sode	RIVE 504	
8. The above	named entity submits this statement for Mule Oul Signature, typed or printed name of registered agent ay	ly		office or registe			the State of Florid	a. <u>ZOOC</u> DATE)		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			ate	Trust Fu	Campaign Finan nd Contribution.		Ådded	O May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I P TULLY, MARK 2014 LAKEVIEW AVE. PENSACOLA FL	DIRECTORS Delcte	12. TITLE NAME STREET A CITY-ST-	DDRESS 370	LLY	14 A A U	LHULL	DRIV	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TENONOODYTE	☐ Delete	TITLE NAME STREET A	DDRESS	<u> </u>	<u> </u>		□ c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-5T-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	I					hange	Addition	
TITLE NAME STREET ADDRESS THE ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-					□ c	hange	Addition	
- - :: ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	1				□ c	hange	☐ Addition	
ST-ZIP		☐ Delete	TITLE NAME STREET A					<u> </u>	hange	Addition	
indicated of the core	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, where the supplemental supplemental supplemental with an address, where the supplemental s	true and accurate and that mered to execute this report is	ny signature as required	shall have the	same le	gal effect as i a Statutes; an	f made under oati	h; that I am an	officer o	or director_	