FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 347071

(3)

CONTEMPORARY MANAGEMENT, INC.

FILED Apr 24 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address				189708 11111 81311 18811 88811 88801 1101 91311 81311 81311 81311 81311 11311 11311 11311 11311 11311 11311			
6916 W. UNIVERSITY AVENUE GAINESVILLE FL 32607		6916 W. UNIVERSITY AVENUE GAINESVILLE FL 32607-1610							
· ·	L Vew	Children of the control				3. Date Incorporated or Qualified 05/29/1969	3a. Date o		eport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-1263618		t Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional
22		27						Fee Re	·
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	28 	T Cor	untry		This corporation has liability for it.			
24	25	29	30	J y			Yes \B\		188.032,
24	9, Name and Address of Current	- Liminal mare and a server	[30]	1		10. Name and Address of New Re			
CAT	TON,CHARLES	81	Name		<u></u>				
			82						
) S.W. 63RD LANE NESVILLE FL 32608				Street Address (P.O. Box Number is Not Acceptable)				
Q-Q-Q-	ADDAILEE I E OEGOO			83	ļ. 				
				84	City		8	5 Zip (Code
				1			FŁ	1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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									
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Hegistere 12. OFFICERS AND DIRECTORS 13.					ant signature	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12
TITLE	PD			1.1 TITLE		1001110110,0,1,0,10000110		Change	Addition
NAME	FORCUM, ROBERT		1,2 N				_		
STREET ADDRESS 14161 LEANING PINE DR					ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL			1.4 CITY: ST-ZIP					
TITLE						PP	X	Change	Addition
NAME	GATTON, CHARLES		2.2 N			·	,	•	
STREET ADDRESS	3610 SW 63RD LANE				ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL			2. 4 CITY-ST-ZIP		y			
TITLE	DV	DELETE			~	<u></u>	— □	Change	Addition
NAME				3.2 NAME					
STREET ADDRESS	14161 LEANING PINE DR.				F ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL		1	3 4. City-St-ZiP					
TITLE	V	DELETE	4.1 1			レダブ	X	Change	Addition
NAME	FOUST, V. JAMES		4.2	4. 2 NAME		· -			
STREET ADDRESS	6803 SW 35TH WAY				ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL				31 - 7IP				
TITLE	41	DELETE	5.1 1					Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 9	STREET	ADDRESS				
CITY-ST-ZIP			5.4 0	OTY-S	S1 - ZIP				
TITLE		DELETE	6.1 T					Change	☐ Addition
NAME			6.21	NAME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY-ST-ZIP					S1 - ZIP				
									.,

14. I do 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 Johnged, or of an attachment with an address.

OLONIATURE.

W Cally DB. 7

412010-

760 773 F.C.