

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **594160** (4)
1. Corporation Name
PROVIDENT MANAGEMENT CORPORATION

Principal Place of Business 1700 MCMULLEN BOOTH RD. SUITE B-5 CLEARWATER FL 34619	Mailing Address 1700 MCMULLEN BOOTH RD. SUITE B-5 CLEARWATER FL 34619
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1870484		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent DROSTE, EDWARD 1700 MCMULLEN BOOTH RD. SUITE B-5 CLEARWATER FL 34619		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 607.1508, 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

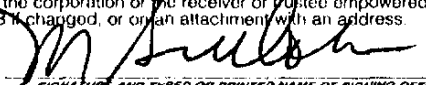
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DROSTE, EDWARD C	1.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWIE, BRENTON R	2.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	VO ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, ELLEN A	3.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VPS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOBSON, M.SUE	4.2 NAME	
STREET ADDRESS	1700 MCMULLEN BTH RD B-5	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	AVP ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	ROAD, JANA M.	5.2 NAME	READ, JANA M.
STREET ADDRESS	1700 MCMULLEN BOOTH RD #B-5	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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	

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, changed, or on an attachment with an address.

SIGNATURE:  **M. Sue Dobson** 4/6/98 (813) 726-4770

CR2E034 (10/97)