FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAR 19 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **610897** **(1)**

1. Corporation Name
ROYAL AMERICAN MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1002 W 23 ST STE 400 PANAMA CITY FL 32405-0608	1002 W 23 ST STE 400 PANAMA CITY FL 32405-3645

3. Date Incorporated or Qualified: **02/19/1979**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25
2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30

4. FEI Number: **59-1886258** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ (2) **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENRY, ROBERT F., III
1002 W 23 ST STE 400
PANAMA CITY FL FL 32405-0608

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLLAND, WILLIAM E. III		1.2 NAME		
STREET ADDRESS	1002 W. 23RD, STE 400		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		
TITLE	STV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENRY, III, ROBERT F.		2.2 NAME		
STREET ADDRESS	1002 W 23 ST STE 400		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, III, JOSEPH F.		3.2 NAME		
STREET ADDRESS	1002 W 23 ST STE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	HIGGINS, WILLIAM L		4.2 NAME	JOHNSTON, ROBERT F., II	
STREET ADDRESS	1002 W 23 ST STE 400		4.3 STREET ADDRESS	1002 W. 23RD ST., SUITE 400	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PIPPIN, LAURETTA J.		5.2 NAME		
STREET ADDRESS	1002 23 ST., STE. 400		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, IV, JOSEPH F.		6.2 NAME		
STREET ADDRESS	1002 W. 23RD ST., SUITE 400		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP		

900002118519--5
-03/20/97--01007--001
****182.50 ****182.50

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ Lauretta J. Pippin, Asst. Sec. 3/14/97 (904)769-8981

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 291194 4302710

AUTHORIZATION Patricia Pujats

COST LIMIT : $ 50.00

ORDER DATE : March 12, 1997

ORDER TIME : 12:0 PM

ORDER NO. : 291194-010

CUSTOMER NO: 4302710

FICTITIOUS NAME REGISTRATION

FICTITIOUS NAME: URS CONSULTANTS, INC.

Please file the attached registration, of the fictitious name shown above and return the document(s) indicated below:

_____ Certified Copy
XX Plain Stamped Copy
_____ Certificate of Status

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: _____

RECEIVED
97 MAR 19 PM 4:42
DIVISION OF CORPORATION