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

DOCUMENT # J84700

(0)

WINTER HAVEN FL 33880-1957

Mailing Address
3427 RECKER HWY.

PMH GROUP, INC.

Principal Place of Business

3427 RECKER HWY STE 401 3. Date Incorporated or Qualified 07/23/1987 04/30/1996
4. FEI Number Applied Fig. 18 Applied

FILED

Apr 23 1997 8:00am

Secretary of State

WINTER HAVE	N FL 33880	US)			
US				3. Date incorporated or Qualified 3a. Date of Last Re				
					07/23/1987	04/30/19	96	
2. Principal F	2e. Mailing Address	ailing Address		4. FEI Number		Applied For		
21 26					59-2823671 Not Ap		Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		S8 75 Additional		.75 Additional	
22 27					6. Certificate of Status Desired	□ ₹ 0	ee Required	
City & Stat	tc	City & State			6. Election Campaign Financing	\$1	5.00 May Be	
23		28			Trust Fund Contribution		dded to Fees	
Z _(j)	Country	Zip	Coun	iry	8. This corporation has liability for i	intannible tax u	oder s. 199 032	
24	25	29	30			Yes No	1507 6. 100.002,	
	9. Name and Address of Curren		1001		10. Name and Address of New Re			
SIU	WELL CLEN C		1	1 Name				
SIDWELL, GLEN C								
3427 RECKER HWY				82 Street Address (P.O. Box Number is Not Acceptable)				
WIN	TER HAVEN FL 33880		1	3				
			\	3				
			E	4 City		FI 85	Zip Code	
11 Dogganot	to the provisions of Sections 607 050	22 and 607 1609 Florida Statut	os the abo	yo named on	rooration submits this statement for the c		ging ite registered	
office or	registered agent, or both, in the State	of Florida. Such change was a	es, the abt	by the corpora	rporation submits this statement for the pation's board of directors. I hereby acceptions	of the appointment	ont as registered	
agent. f a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statu	es.		• •)	
SIGNATURE								
	Signature, typical or printed name of registered ag-			Igent signature requ	uired when reinstating)	DATE	27000 11110	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
11-11-11-11-11-11-11-11-11-11-11-11-11-	POS	☐ DELETE	1,1 1011			∐ C	hange [_] Addition	
NAME	SIDWELL, GLEN C.		1.2 NAM	E (Į.	
STREET ADDRESS	3427 RECKER HWY.		1.3 STR	et address			ł;	
CITY -ST - ZiP	WINTER HAVEN FL		1.4 CITY	-ST-ZIP			1	
TITLE	VTD	☐ DELETE	2.1 TITL	Ē į		□ c	hange 🔲 Addition	
NAME	SIDWELL, MICHAEL C.		2.2 NAN	E]			ì	
STREET ADDRESS	3427 RECKER HWY.		23 STR	ET ADDRESS				
CHTY - \$1 - ZIP	WINTER HAVEN FL		2.4 CIT	r-ST-ZIP				
TITLE		DELETE	3.1 7ITL				hange Addition	
NAME	}		3 2 NAM				\	
STREET ADDRESS	ļ.		1	ET ADDRESS			ļ	
							[
CHTY - ST - ZHP		DELETE	3.4 CIT 4.1 TITL	(-ST-ZIP			hange Addition	
	}	The percent		1		ں ہے	unile FT Wouldon	
NAME			4, 2 NAJ	l l			Į.	
STREET ADDRESS	1		4.3 STR	EET ADDRESS				
CITY-ST 7IP				-ST-ZIP				
TITLE	1	☐ DELETE	5.1 TITL	E [LL C	hange 🔲 Addition	
NAME			5.2 NAN	E {			ļ	
STREET ADDRESS			53 STR	EET ADDRESS			1	
CITY+S1-ZIP	1		5.4 CiTY	-ST-ZIP			}	
TITLE		DELETE	6.1 TITL			C	hange Addition	
NAMÉ			6.2 NAM	1			}	
)			ı			Ì	
STREET ADDRESS			. I	EET ADORESS			ļ	
CHTY+ST+7IP	1		64 CITY	- S7 - ZIP				

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this animal 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 projection or the reconfigure trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it yanged, or one analysis ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2

941-2993696

0391645