

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 MAR 29 PM 3:21

DOCUMENT # **K70046** (3)  
1. Corporation Name  
**P.M.H., INC.**

Principal Place of Business: **952 GREENSBORO RD NE P O BOX 3880 EATONTON GA 31024**  
Mailing Address: **952 GREENSBORO RD NE P O BOX 3880 EATONTON GA 31024**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/02/1989</b>	3a. Date of Last Report <b>01/24/1994</b>
21	22			4. FBI Number <b>58-1841986</b>	Applied For Not Applicable
23		27		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25		29		B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NICKENS, DAN A., ESQ.</b> <b>1227 MARSHALL FARMS RD</b> <b>OCOCHEE 34761</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 his or her address) (If off-Registered Agent signature required when submitting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMES, JAMES D.</b>	1.2 NAME	
STREET ADDRESS	<b>6636 BITTERSWEET LANE</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSEY, PAUL</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1912</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>TIPTON GA</b>	2.4 CITY, ST, ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLMES, KATHRYN C.</b>	3.2 NAME	
STREET ADDRESS	<b>366 OLD PHOENIX RD. N.E.</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>EATONTON GA</b>	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Kathryn C. Holmes* **KATHRYN C. HOLMES, SEC** **03/23/95** **(706)485-5823**  
(Signature typed or printed name of signing officer or director) (Date) (Typed phone #)