

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 037 ***150.00

DOCUMENT # **S15969**

1. Corporation Name

PALMER MANAGEMENT, INC.

Principal Place of Business

**8588 POTTER PRK DR
STE 500
SARASOTA FL 34238
US**

Mailing Address

**3909 NORTHDAL BLVD
STE 140E
TAMPA FL 33624
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1990

4. FEI Number

65-0237721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**BRYN, M J
ONE BISCAYNE TOWER, STE 3599
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131**

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

TITLE **DP** ☐ DELETE
NAME **CULVERHOUSE, HUGH F. JR.**
STREET ADDRESS **ONE BISCAYNE TOWER, STE. 3599**
CITY-ST-ZIP **MIAMI FL**

TITLE **VS** ☐ DELETE
NAME **LYNCH, S**
STREET ADDRESS **3903 NORTHDAL BLVD, STE 140E**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **VT** ☐ DELETE
NAME **CASSIDY, E F**
STREET ADDRESS **3903 NORTHDAL BLVD, STE 140E**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ DELETE
NAME **CAPELLO, ANDREW**
STREET ADDRESS **1408 N. WESTSHORE BLVD., STE. 908**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE
NAME **PURCELL, TOM**
STREET ADDRESS **4240 LAKESIDE DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE
NAME **STRICKROOT, JR J C**
STREET ADDRESS **2 SOUTH BISCAYNE BLVD, STE 3599**
CITY-ST-ZIP **MIAMI FL 33131**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999

(305) 371-3600

Date

Daytime Phone #

CR2E034 (11/98)

PALMER MANAGEMENT, INC., continued

535419-90192-37

515969

12. continued

title	Assistant.Secretary/Assistant Treasurer	<input checked="" type="checkbox"/>	DELETE
name	Lillian Tramontano		
street address	3903 Northdale Boulevard, Suite 140E		
city-st-zip	Tampa, Florida 33624		