## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000011240

Entity Name: FORT MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:** 

415 WILLOW OAK COURT FT. MEADE, FL 33841

**Current Mailing Address:** 

P. O. BOX 303

FT. MEADE. FL 33841 US

FEI Number: 59-3155120 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORT, CHARLES R 415 WILLOW OAK COURT FORT MEADE, FL 33841 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHARLES R FORT 02/11/2019

Title

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

FORT, CR THOMAS, BARBARA FORT Name Name

11705 BOYETTE ROAD Address 415 WILLOW OAK COURT Address

NO. 425

**SECRETARY** 

**FILED** Feb 11, 2019

**Secretary of State** 

7019032950CC

Date

Date

City-State-Zip: FT. MEADE FL 33841 City-State-Zip: RIVERVIEW FL 33569

Title **PRESIDENT** 

Name FORT, JAMES E

Name WALLACE, BETTY Address 12224 CATTAIL LANE

9109 OLD CHEMONIE ROAD Address JACKSONVILLE FL 32223 City-State-Zip:

City-State-Zip: TALLAHASSEE FL 32309

Title **DIRECTOR** 

Title **DIRECTOR** WHITESIDE, MARY ANNE Name Name SHEPARD, BEVERLY FORT

Electronic Signature of Signing Officer/Director Detail

P.O. BOX 4065 Address Address 778 COUNTY ROAD 65

City-State-Zip: ANNA MARIA FL 34216 City-State-Zip: COLLINSVILLE AL 35961

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

02/11/2019 SIGNATURE: C R FORT TREASURER