

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 283494 (3)

1. Corporation Name

PMI, INC.

77-1233-5330



Principal Place of Business

Mailing Address

3611 N W 74TH ST  
MIAMI FL 33147

3611 N W 74TH ST  
MIAMI FL 33147

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/21/1964

3a. Date of Last Report

02/06/1995

4. FEI Number

65-0051196

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

HEGAMYER, WILLIAM H  
511 N. MASHTA DRIVE  
KEY BISCAYNE FL

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 of the corporation or its registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME HEGAMYER, W H  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY, ST, ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME HEGAMYER, L K  
STREET ADDRESS 511 N. MASHTA DRIVE  
CITY, ST, ZIP KEY BISCAYNE FL 33149

TITLE T ☐ DELETE

NAME ROBINSON, CHARLES V  
STREET ADDRESS 1550 NE 123 ST, N-307  
CITY, ST, ZIP N MIAMI FL 33161

TITLE SD ☐ DELETE

NAME HEGAMYER, K L  
STREET ADDRESS 261 GREENWOOD DR  
CITY, ST, ZIP KEY BISCAYNE FL 33149

TITLE VD ☐ DELETE

NAME MARTY, D C  
STREET ADDRESS 7850 SW 67 TERRACE  
CITY, ST, ZIP MIAMI FL 33143

TITLE VD ☐ DELETE

NAME HINCKLEY, H D  
STREET ADDRESS 6085 ROLLING RD DR  
CITY, ST, ZIP MIAMI FL 33156

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

7845 SW 67th Terrace

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

*Kathy Hegamyer*

Kathy Hegamyer

1/25/96

305-696-0830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)