

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 16 1998 8:00am  
Secretary of State

DOCUMENT # 405144 (7)

1. Corporation Name

PRUITT HUMPHRESS POWERS AND MUNROE MARKETING AND  
COMMUNICATIONS, INC.

Principal Place of Business

106 E COLLEGE AVE  
SUITE 800. HIGHPOINT CENTER  
TALLAHASSEE FL 32301

Mailing Address

106 E COLLEGE AVE  
SUITE 800. HIGHPOINT CENTER  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1972

4. FEI Number

59-1406147

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3360 Capital Circle N.E.

Suite, Apt. #, etc.

22 C

City & State

23 Tallahassee, FL

Zip

24 32308

Country

2a. Mailing Address

26 P.O. Box 15099

Suite, Apt. #, etc.

27

City & State

28

Zip

29 32317-5099

Country

30

9. Name and Address of Current Registered Agent

PRUITT, ROBERT MICHAEL  
106 EAST COLLEGE AVE.,  
SUITE 800, HIGHPOINT CENTER  
TALLAHASSEE FL 32301

10. Name and Address of ~~Now~~ Registered Agent

81 Name

Robert Michael Pruitt

82 Street Address (P.O. Box Number is Not Acceptable)

3360 Capital Circle N.E.

83

Suite C

84 City

Tallahassee

FL

85 Zip Code

32308

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 ☐ DELETE

NAME PRUITT, R. MICHAEL  
STREET ADDRESS 1934 VINELAND LANE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ DELETE

NAME PRUITT, GLENDA G  
STREET ADDRESS 1934 VINELAND LN  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

Glenda G. Pruitt

7-9-98 850-222-1212

CR2E034 (5/98)