

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F06271 (3)

1. Corporation Name

PASSMAN AND PASSMAN, INC.



Principal Place of Business

6218 PALMA DEL MAR BLVD.
SUITE 210
ST. PETERSBURG FL 33715

Mailing Address

6218 PALMA DEL MAR BLVD.
SUITE 210
ST. PETERSBURG FL 33715

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

3. Date Incorporated or Qualified
11/20/1980

3a. Date of Last Report
03/20/1995

4. FEI Number
59-2037213

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

9. Name and Address of Current Registered Agent

PASSMAN, MILTON L
6218 PALMA DEL MAR
ST PETERSBURG FL

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 607.0902 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 607.0509, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from the corporation)

Signature of Registered Agent (if different from the corporation)

Date

12. OFFICERS AND DIRECTORS

12.1	PD	☐ DELETE
NAME	PASSMAN, MILTON L	
STREET ADDRESS	6218 PALMA DEL MAR	
CITY-ST-ZIP	ST PETERSBURG FL	
12.2		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.3		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.4		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.5		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12.6		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-ST-ZIP	
2.1	2.1 TITLE	☐ Change ☐ Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-ST-ZIP	
3.1	3.1 TITLE	☐ Change ☐ Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-ST-ZIP	
4.1	4.1 TITLE	☐ Change ☐ Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-ST-ZIP	
5.1	5.1 TITLE	☐ Change ☐ Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-ST-ZIP	
6.1	6.1 TITLE	☐ Change ☐ Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(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 on an attachment with an address.

SIGNATURE:

Milton L. Passman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

75 Feb 96 813-867-4116

CR2E034 (12/95)