

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

FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F94000003454 (5)

1. Corporation Name

PMI ADMINISTRATION, INC.

Principal Place of Business

1499 WINDHORST WAY, SUITE 100  
GREENWOOD IN 46143

Mailing Address

1499 WINDHORST WAY, SUITE 100  
GREENWOOD IN 46143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

35-1924431

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

9. Name and Address of Current Registered Agent

WHITACRE, CRYSTAL J  
8184 WOODLAND CENTER BLVD.  
TAMPA FL 33614

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 PDC  
NAME TAYLOR, DON R  
STREET ADDRESS 1499 WINDHORST WAY, SUITE 100  
CITY-ST-ZIP GREENWOOD IN 46143

☐ DELETE

TITLE VD  
NAME MCFARLAND, ELIZABETH  
STREET ADDRESS 1499 WINDHORST WAY, SUITE 100  
CITY-ST-ZIP GREENWOOD IN 46143

☒ DELETE

TITLE VST  
NAME MILLARD, ROBERT R  
STREET ADDRESS 1499 WINDHORST WAY, SUITE 100  
CITY-ST-ZIP GREENWOOD IN

☐ DELETE

TITLE V  
NAME HENTSCHEL, GARY F  
STREET ADDRESS 1499 WINDHORST WAY, SUITE 100  
CITY-ST-ZIP GREENWOOD IN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

4.1 TITLE P  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☒ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 (changed, or on an attachment with an address)

SIGNATURE:



Robert R. Millard 4/28/98

317-885-3747

CR2E034 (10/97)