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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90065 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002733

1. Corporation Name

ROBERT O. MAHLMAN, INC.

Principal Place of Business

**5104 FLICKER FIELD
SARASOTA FL 34231
US**

Mailing Address

**5104 FLICKER FIELD
SARASOTA FL 34231
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1996

4. FEI Number

13-2964851

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**MAHLMAN, NANCY D
5362 SHADOW LAWN DR - 5104 FLICKER FIELD
SARASOTA FL 34242- 34231**

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

NANCY D. MAHLMAN

Nancy D. Mahlman

3/15/99

Signature, typed or printed name of registered agent and title if applicable.

(NO) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	MAHLMAN, ROBERT O	
STREET ADDRESS	350 BOB WHITE DR. 5104 FLICKER FIELD	
CITY-ST-ZIP	SARASOTA FL 34230- 34231	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	MAHLMAN, NANCY D	
STREET ADDRESS	350 BOB WHITE DR. 5104 FLICKER FIELD	
CITY-ST-ZIP	SARASOTA FL 34236 34231	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MAHLMAN, NANCY D	
STREET ADDRESS	350 BOB WHITE DR. 5104 FLICKER FIELD	
CITY-ST-ZIP	SARASOTA FL 34230- 34231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAHLMAN, ROBERT W	
STREET ADDRESS	# MIDLAND GARDENS #4	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **NANCY D. MAHLMAN** *Nancy D. Mahlman* 3/15/99 941936 0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)