

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90108 047 ***150.00

0099785

DOCUMENT # F98000002114

1. Corporation Name
PMC MANAGEMENT, INC.

Principal Place of Business
8669 COMMODITY CIRCLE
ORLANDO FL 32819

Mailing Address
8669 COMMODITY CIRCLE
ORLANDO FL 32819



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/14/1998

4. FEI Number

59-3490734

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

9. Name and Address of Current Registered Agent

MARSHALL, BYRD F ESQ.
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

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 CCEO ☐ DELETE

NAME EARL, ROBERT I
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

TITLE CCEO ☐ DELETE

NAME DURWOOD, STANLEY H
STREET ADDRESS 106 WEST 14TH ST.
CITY-ST-ZIP KANSAS CITY MO 64144-6615

TITLE P ☐ DELETE

NAME LIPMAN, NATHANIEL J
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

TITLE V ☐ DELETE

NAME AVALONE, THOMAS
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

TITLE S ☐ DELETE

NAME JOHNSON, SCOTT E
STREET ADDRESS 8669 COMMODITY CIRCLE
CITY-ST-ZIP ORLANDO FL 32819

TITLE P ☐ DELETE

NAME BROWN, PETER C
STREET ADDRESS 1006 W. 14TH ST.
CITY-ST-ZIP KANSAS CITY MO 64141-6615

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

407-345-5300

Daytime Phone #

CR2E034 (11/98)