

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Martham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G33823

(7)

1. Corporation Name

BENNET PROPERTY MANAGEMENT SERVICES, INC.



Principal Place of Business

RT. 2 BOX 541
PO BOX 140
MICANOPY FL 32667

Mailing Address

RT. 2 BOX 541
PO BOX 140
MICANOPY FL 32667

2. Principal Place of Business

21

Sub: Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Sub: Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RUMPH, J. QUINTON
3100 UNIVERSITY BLVD. S. SUITE 101
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/18/1983

3a. Date of Last Report

06/09/1995

4. FLE Number

59-2277079

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

10. Name and Address of New Registered Agent

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 of person filing this report must be typed below)

(If filer is not a director, officer, or shareholder, the filer must sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP
BENNET, THOMAS W
HC32 BOX 8
CALAIS VT

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DS
UNDERWOOD, LUTHER D.
RT. 2 BOX 541
MICANOPY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

☐ Change

☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

☐ Change

☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

☐ Change

☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

☐ Change

☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change

☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change

☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

☐ Change

☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

☐ Change

☐ Addition

SIGNATURE:

Luther D. Underwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 904 591 5019

Printed Name

CR2E034 (12/95)