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FILED
Jun 25 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 # **G43750** (0)

1. Corporation Name:
PROFESSIONAL MANAGEMENT SUPPORT, INC.

Principal Place of Business

Mailing Address

**805 FOX VALLEY DRIVE
P.O. BOX 915498
LONGWOOD FL 32779**

**805 FOX VALLEY DRIVE
P.O. BOX 915498
LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2009 Abbeyview Drive**
Suite, Apt. #, etc.

22

City & State

23 **Orange City, FL**
Zip Country

24 **32763**

25

9. Name and Address of Current Registered Agent

**CALHOUN, RICHARD
805 FOX VALLEY DR
LONGWOOD FL 32779**

2a. Mailing Address

26 **Box 740540**
Suite, Apt. #, etc.

27

City & State

28 **Orange City, FL**
Zip Country

29 **32774**

30

3. Date Incorporated or Qualified

06/15/1983

4. FET Number

59-2306574

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

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 607.1506, 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 the person named in Block 9, if applicable

(Block 9 Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CALHOUN, RICHARD**
STREET ADDRESS **805 FOX VALLEY DR.**
CITY-ST-ZIP **LONGWOOD, FL 00000**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME **Calhoun, Richard**
13 STREET ADDRESS **2009 Abbeyview Drive**
14 CITY-ST-ZIP **Orange City, FL 32763**

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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.

President

CR2E034 (10/97)