

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G51374** (8)

1. Corporation Name

PRIMARY PROPERTY MANAGEMENT, INC.



Principal Place of Business

**1115 E. LIVINGSTON
ORLANDO FL 32803**

Mailing Address

**1115 E. LIVINGSTON
ORLANDO FL 32803**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

**LEARY, WILLIAM N
1100 PALMER AVE.
WINTER PARK FL 32789**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
07/26/1983

3a. Date of Last Report
04/20/1995

4. FEI Number

59-2325175

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

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 607.06(2) and 607.15(8), 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	PETERSON, JON C, JR	
STREET ADDRESS	1115 E. LIVINGSTON ST	
CITY-STATE-ZIP	ORLANDO FL	
TITLE	V	☐ DELETE
NAME	LEARY, TAMRA	
STREET ADDRESS	1100 PALMER AVE	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	ST	☐ DELETE
NAME	LEARY, WILLIAM N	
STREET ADDRESS	1100 PALMER AVE.	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE	V	☐ DELETE
NAME	PETERSON, KAREN N	
STREET ADDRESS	797 PINETREE ROAD	
CITY-STATE-ZIP	WINTER PARK FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
13.5 TITLE	ST	☒ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE	P	☒ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE	V	☒ Change ☐ Addition
13.14 NAME	WISE, KAREN P	
13.15 STREET ADDRESS	136 OAKDALE ST.	
13.16 CITY-STATE-ZIP	WINDERMERE, FL 34786	☐ Change ☐ Addition
13.17 TITLE		
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-STATE-ZIP		
13.21 TITLE		☐ Change ☐ Addition
13.22 NAME		
13.23 STREET ADDRESS		
13.24 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the current 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 change is on an attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM N. LEARY

3/11/96

(407) 841-1115

CR2E034 (12/95)