

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G56630** (8)

1. Corporation Name

FLORIDA MANAGEMENT CONTROL, INC.



Principal Place of Business

Mailing Address

% GRAEME G. GORRIE
1919 IVANHOE STREET
SARASOTA FL 34231

% GRAEME G. GORRIE
1919 IVANHOE STREET
SARASOTA FL 34231

3. Date Incorporated or Qualified 08/24/1983	3a. Date of Last Report 02/24/1995
4. FEI Number 59-2324731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 **2822 Proctor Rd.**

26 **2822 Proctor Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite A**

27 **Suite A**

City & State

City & State

23 **Sarasota, FL**

28 **Sarasota, FL**

Zip

Country

Zip

Country

24 **34231**

25

29 **34231**

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORRIE, GRAEME G.
4803 RIVERWOOD
SARASOTA FL 33581

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9330 Clubside Circle, Apt. 3301
83
84 City Sarasota FL 85 Zip Code 34231

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORRIE, GRAEME G	12 NAME	
STREET ADDRESS	4803 RIVERWOOD	13 STREET ADDRESS	9330 Clubside Circle, Apt. 3301
CITY-ST-ZIP	SARASOTA, FL 00000	14 CITY-ST-ZIP	Sarasota, FL 34238
TITLE	DV <input type="checkbox"/> DELETE	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORRIE, BRENNAN	22 NAME	
STREET ADDRESS	4803 RIVERWOOD	23 STREET ADDRESS	9330 Clubside Circle, Apt. 3301
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	Sarasota FL 34238
TITLE	DS <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTER, DORENE	32 NAME	
STREET ADDRESS	5377 LAKE ARROWHEAD TR.	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFFINET, CATHERINE V.	42 NAME	
STREET ADDRESS	2840 LINWOOD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 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.

SIGNATURE: **Dorene R. Cotter** **Dorene R. Cotter** **2/19/96** **(941) 924-8577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)