

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

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90012 018 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H18743

1. Corporation Name

PROFESSIONAL MANAGEMENT REALTY, INC.

Principal Place of Business

C/O MICHAEL ADISON
6323 MEMORIAL HWY
TAMPA FL 33615

Mailing Address

C/O MICHAEL ADISON
6323 MEMORIAL HWY
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1984

4. FEI Number

59-2458153

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

2. Principal Place of Business

21 5301 Memorial Hwy.

Suite, Apt. #, etc.

22 City & State
23 Tampa, FL 33634

24 Zip 33634 25 Country USA

2a. Mailing Address

26 5301 Memorial Hwy.

Suite, Apt. #, etc.

27 City & State
28 Tampa, FL

29 Zip 33634 30 Country USA

9. Name and Address of Current Registered Agent

BREZINA, GEORGE
5119 MEMORIAL HWY
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name CHARLES V. BARRETT III

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

307 S. FIELDING AVE

83

84 City TAMPA

FL

85 Zip Code 33606

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE

NAME ANDERSON, LINDA E.
STREET ADDRESS 8418 BEDFORD LANE
CITY-ST-ZIP TAMPA, F.

TITLE DP ☐ DELETE

NAME ANDERSON, BOBBY R.
STREET ADDRESS 8418 BEDFORD LANE
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME KIRKLAND, JONATHAN W
STREET ADDRESS 3857 S LAKE DR, #157
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addit

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addit

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4453 W. Humphrey St.
Tampa, FL 33614

4.1 TITLE ☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addit

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 and typed or printed name of signing officer or director

Date

Daytime Phone #

5-18-89 813-886-660