FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74748** **(5)**

1. Corporation Name

PACT MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
5393 L.B. MCLEOD RD. P.O. BOX 616300 ORLANDO FL 32861-3300	5393 L.B. MCLEOD RD. P.O. BOX 616300 ORLANDO FL 32861-3300

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/06/1985**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2574663** ☐ 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

9. Name and Address of Current Registered Agent

FULMER, PHILIP, R
1010 PALADIN CT
ORLANDO FL 32806

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	11 TITLE	Executive Vice President	☒ Change ☐ Addition
NAME	FULMER, BARBARA B.	12 NAME		
STREET ADDRESS	8971 CHARLESTON PK.	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	32819	
TITLE	D	21 TITLE	President	☒ Change ☐ Addition
NAME	FULMER, PHILLIP R.	22 NAME		
STREET ADDRESS	1010 PALADIN CT.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	32806	
TITLE	VP	31 TITLE	Secretary	☒ Change ☐ Addition
NAME	FULMER, CARROLL A.	32 NAME		
STREET ADDRESS	1065 DOSS AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	32809	
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	FULMER, TIMOTHY A.	42 NAME		
STREET ADDRESS	9239 WOODBREEZE BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL	44 CITY-ST-ZIP	32819	
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	TURNER, CINDY	52 NAME		
STREET ADDRESS	137 HARTINGTON DR	53 STREET ADDRESS		
CITY-ST-ZIP	MADISON AL	54 CITY-ST-ZIP	35758	
TITLE		61 TITLE	Chair of the Board	☐ Change ☒ Addition
NAME		62 NAME	FULMER, CARROLL L.	
STREET ADDRESS		63 STREET ADDRESS	8971 CHARLESTON PARK	
CITY-ST-ZIP		64 CITY-ST-ZIP	ORLANDO, FL 32819	

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)(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.

SIGNATURE: Barbara B Fulmer 4/21/95 (407) 299-0900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BARBARA B. FULMER, EXECUTIVE VICE PRESIDENT

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