FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

PACT MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
~~5000 L.B. MCLEOD RD.~~ ~~P.O. BOX 616300~~ ~~ORLANDO FL 32861-3300~~	~~5000 L.B. MCLEOD RD.~~ ~~P.O. BOX 616300~~ ~~ORLANDO FL 32861-3300~~

3. Date Incorporated or Qualified: 09/06/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8340 Americana Way
22: Suite, Apt. #, etc
23: City & State: Groveland, Fl.
24: Zip: 34736
25: Country: LAKE, USA

2a. Mailing Address
26: P.O. Box 5000
27: Suite, Apt. #, etc
28: City & State: Groveland, Fl.
29: Zip: 34736
30: Country: LAKE, USA

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): 8000 Cherry Lake Rd.
83:
84 City: Groveland FL 85 Zip Code: 34736

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: Philip R. Fulmer DATE:

12. OFFICERS AND DIRECTORS

TITLE	EVP	☐ DELETE
NAME	FULMER, BARBARA B.	
STREET ADDRESS	8971 CHARLESTON PK.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	☐ DELETE
NAME	FULMER, PHILLIP R.	
STREET ADDRESS	~~1010 PALADIN CT.~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	S	☐ DELETE
NAME	FULMER, CARROLL A.	
STREET ADDRESS	~~1865 DOSS AVE.~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	VP	☐ DELETE
NAME	FULMER, TIMOTHY A.	
STREET ADDRESS	9239 WOODBREEZE BLVD	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VP	☐ DELETE
NAME	TURNER, CINDY	
STREET ADDRESS	137 HARTINGTON DR	
CITY-ST-ZIP	MADISON AL	
TITLE	COB	☐ DELETE
NAME	FULLER, CAROLL L	
STREET ADDRESS	8971 CHARLESTON PARK	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	8000 Cherry Lake Rd.	
2.4 CITY-ST-ZIP	Groveland, Fl. 34736	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	14726 Gord Neck Dr.	
3.4 CITY-ST-ZIP	Montverde, Fl. 34756	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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, added or on an attachment with an address.

SIGNATURE: Philip R. Fulmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #