

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90168 013 \*\*\*150.00

DOCUMENT # J30130

1. Corporation Name

PRO-VISE MANAGEMENT GROUP, INC.

Principal Place of Business

% RAY FERRARA  
611 DRUID RD. SUITE 105  
CLEARWATER FL 34616

Mailing Address

% RAY FERRARA  
611 DRUID RD. SUITE 105  
CLEARWATER FL 33756  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1986

4. FEI Number

59-2751257

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 33756

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 33756

Country

30

9. Name and Address of Current Registered Agent

FERRARA, RAY  
611 DRUID RD  
SUITE 105  
CLEARWATER FL 34616

33756

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 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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME MORRIS, THOMAS O.  
STREET ADDRESS 5401 WEST KENNEDY BLVD SUITE 480  
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ DELETE  
NAME FERRARA, KIM  
STREET ADDRESS 147 ALETA DR.  
CITY-ST-ZIP BELLEAIR BCH FL 33786

TITLE S ☐ DELETE  
NAME DURBIN, ANGELA N  
STREET ADDRESS 340 TRALEE ST NE  
CITY-ST-ZIP LARGO FL 33770

TITLE P ☐ DELETE  
NAME FERRARA, V RAYMOND  
STREET ADDRESS 147 ALETA DR  
CITY-ST-ZIP BELLEAIR BEACH FL 33786

TITLE VP ☐ DELETE  
NAME ADAMS, KIMBERLY  
STREET ADDRESS 11856 BRANCH MOORING DR  
CITY-ST-ZIP TAMPA FL 33635

TITLE VP ☒ DELETE  
NAME JOHNS, NORMA  
STREET ADDRESS 105 BAYSIDE DR  
CITY-ST-ZIP CLEARWATER FL 33767

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition  
1.2 NAME Covert, Neil  
1.3 STREET ADDRESS 2749 Northridge Dr. E.  
1.4 CITY-ST-ZIP Clearwater, FL 34621

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Raddatz, William  
2.3 STREET ADDRESS 6855 Circle Creek Drive  
2.4 CITY-ST-ZIP Pinellas Park, FL 33781

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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 in 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 #

CR2E034 (11/98)

0413675