

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J64004** (1)

1. Corporation Name

PROFESSIONAL MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

**4333 US HWY 301 NORTH
ELLENTON FL 34222**

Mailing Address

**4333 US HWY 301 NORTH
ELLENTON FL 34222**



2. Principal Place of Business	2a. Mailing Address
21 7614 - 301 Boulevard	26 7614 - 301 Boulevard
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Sarasota, FL	28 City & State Sarasota, FL
24 Zip 34243	29 Zip 34243
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 03/23/1987	3a. Date of Last Report 04/04/1995
4. FEI Number 65-0021737	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

**MAQUIRE, RICHARD H.
4011 24TH AVE W
BRADENTON FL 34205**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-statuting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	CITY - ST - ZIP	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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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)(b), Florida Statutes. I further certify that the information indicated on this 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; that the registered agent empowered to file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of agent is indicated with an address.

SIGNATURE:

Richard H. Maguire, President

03/25/96

941/359-1647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)