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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

96/6)

904656-9298

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

J84804

REGULATORY AGENCY MANAGEMENT SYSTEMS, INC.

Mailing Address 1020 E LAFAYETTE ST #105 1020 E LAFAYETTE SY #105 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-4546 3a. Date of Last Report 3. Date incorporated or Qualified .07/29/1987 03/13/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2842616 Not Applicable Suite, Apt #, etc. Suite, Apt #, etc \$8.75 Additional П Certificate of Status Desired 22 Fee Required 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 💥 Yes 🛄 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARNER, CHARLES E., JR. **1020 E LAFAYETTE ST** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City 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: type dior pointed 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 TIFLE DELETE PD 1.1 TITLE Change Addition NAME BARNER, CHARLES E., JR. 1.2 NAME STREET ADDRESS 307 SWEETBRIAR DR. 1.3 STREET ADDRESS CITY - ST - ZIP Tallahassee fl 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME BALARA, TERRY A. 2.2 NAME STREET ADDRESS 525 CARACABA RD. 2.3 STREET ADDRESS ST. AUGUSTINE FL CITY - ST - ZIF 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Channe Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST - 7IP 4.4 CITY - ST - ZIP DELETE THLE 5.1 TITLE Change ☐ Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 it am an officer or director of the constration 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) 3 is ranged, or on an attachment with an address.