

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 # K14932 (3)

1. Corporation Name

THE OFFICE MANAGER, INC.



Principal Place of Business

C/O PATRICIA HODSON  
5251 EMERSON ST  
JACKSONVILLE FL 32207-1932

Mailing Address

C/O PATRICIA HODSON  
5251 EMERSON ST  
JACKSONVILLE FL 32207-1932

3. Date Incorporated or Qualified

02/12/1988

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3627 University Blvd., S.

4. FEI Number

59-2872774

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 City & State

27 Suite 840

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

32216

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HODSON, PATRICIA A.  
5251 EMERSON STREET  
JACKSONVILLE FL 32207-1932

81 Name

Allan T. Geiger

82 Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd., Suite 1500

83

84 City

Jacksonville

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of registered agent and typed or printed name)

(NOTE: Registered Agent signature required when reinstating)

3/5/96

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
HODSON, PATRICIA  
STREET ADDRESS  
1036 ELDER LANE  
CITY - ST - ZIP  
JACKSONVILLE FL

1 1 TITLE D/P

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME  
HODSON, ANDREW  
STREET ADDRESS  
1036 ELDER LANE  
CITY - ST - ZIP  
JACKSONVILLE FL

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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)(k), 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:

(Signature and typed or printed name of signing officer or director)

3/6/96

904-391-1205

Daytime Phone

CR2E034 (12/95)