

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K22485

(2)

1. Corporation Name

FLORIDA P&M PROPERTIES, INC.

Principal Place of Business

10806 MAGNOLIA DR.
LOT 8
THONOTOSASSA FL 33592
US

Mailing Address

PO BOX 513
THONOTOSASSA FL 33592-0513
US



3. Date Incorporated or Qualified
04/29/1988

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 7001 KRYCUL AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 3712
Suite, Apt. #, etc.

4. FEI Number

59-2880737

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

City & State

23 RIVERVIEW, FL.

City & State

28 RIVERVIEW, FL.

Zip Country

24 33568 25

Zip Country

29 33568 30

9. Name and Address of Current Registered Agent

WINKLER, MARGIE L.
10806 MAGNOLIA DR.
LOT 8
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name

SAME

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

7001 KRYCUL AVE.

83

84 City

RIVERVIEW

FL

85 Zip Code

33569

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

MARGIE L. WINKLER

Margie L. Winkler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE
NAME WINKLER, PETER A.
STREET ADDRESS 10806 MAGNOLIA DR. LOT 8
CITY - ST - ZIP THONOTOSASSA FL

TITLE DP ☐ DELETE
NAME WINKLER, MARGIE L.
STREET ADDRESS 10806 MAGNOLIA DR. LOT 8
CITY - ST - ZIP THONOTOSASSA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
2.4 CITY - ST - ZIP

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 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 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: MARGIE L. WINKLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-671-9294

CR2E034 (9/96)