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FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K70046 (3)
1. Corporation Name
P.M.H., INC.

Principal Place of Business Mailing Address
952 GREENSBORO RD NE 952 GREENSBORO RD NE
P O BOX 3880 P O BOX 3880
EATONTON GA 31024 EATONTON GA 31024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1989

4. FEI Number

58-1841986

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICKENS, DAN A., ESQ.
1227 MARSHALL FARMS RD
OCFEE 34761

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VTD ☐ DELETE

NAME HOLMES, JAMES D.
STREET ADDRESS 6636 BITTERSWEET LANE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE

NAME MASSEY, PAUL
STREET ADDRESS P.O. BOX 1912
CITY-ST-ZIP TIPTON GA

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS RT 7 BRIGHTON ROAD
2.4 CITY-ST-ZIP TIPTON, GA 31794

TITLE S ☐ DELETE

NAME HOLMES, KATHRYN C.
STREET ADDRESS 388 OLD PHOENIX RD. N.E.
CITY-ST-ZIP EATONTON GA

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS PRICE, KATHRYN H.
3.4 CITY-ST-ZIP 543 WARDS CHAPEL RD NE
EATONTON, GA 31024

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 on an attachment with an address.

SIGNATURE

Kathryn H. Price, Secretary

1/12/98

(706)485-5822

CR2E034 (10/97)