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**PROFIT** CORPORATION ANNUAL REPORT

1998



ELOBIDA DEPARTMENT DE STATE Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(4)

PROFESSIONAL MERCHANDISERS, INC. Principal Place of Business Mailing Address 11906 SKYLAKE PL 11906 SKYLAKE PL TEMPLE TERRACE FL 33617-1622 TEMPLE TERR FL 33617-1622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1989 Principal Place of Business Applied For 59-2975606 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BRUNDAGE, NEIL BRUNDAGE, NA L Address (P.O. Box Number is Not Acceptable) 11906 SKYLAKE PLACE TEMPLE TERRACE FL 33617 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilitial of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of changing its registered agent. I am fatilities of the purpose of the purpose of changing its registered agent. I am fatilities of the purpose PARSIDENT **SIGNATURE** sped or printed mine of registered region and little if applicable (NCTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Brundage, Neil-Addition NAME BRUNDAGE, NEIL 1.2 NAME 3820 GULF BLVD. 11906 SKYLAKE PLACE STREET ADDRESS 1.3 STREET ADDRESS ST. PETE BOOCH, PL. TEMPLE TERRACE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE BRUNDAGE, ANGLEY NAME BRUNDAGE, ANDREA 2.2 NAME 3820 GULF BYD. SUITE 1203 11906 SKYLAKE PL STREET ADDRESS 2.3 STREET ADDRESS TEMPLE TERRACE FL ST. PATE BURCH, FU. CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE TITLE Addition 3.1 TITLE **BRIAN BRUNDAGE** NAME 3.2 NAME STREET ADDRESS 11908 SKYLAKE PL 3.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE Addition 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CATY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 62 NAME STREET ADDRESS

14. Thereby 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 supplierrental 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 chapter or on an attactument with an address.

SIGNATURE:

BRUMONG

**FILED** 

Apr 14 1998 8:00am

Secretary of State