

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90085 037 \*\*\*150.00

0562358

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L32404

1. Corporation Name  
IRM TRAINING INSTITUTE, INC.

Principal Place of Business 35246 US 19TH N 304 PALM HARBOR FL 34684 US	Mailing Address 35246 US 19TH N 304 PALM HARBOR FL 34684 US
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1989

4. FEI Number

65-0168247

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 the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

MCKINNON, ANNE  
3268 LATANA DR  
SUITE 175  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name Terry L. Russell

82 Street Address (P.O. Box Number is Not Acceptable)  
35246 U.S. Hwy 19 N.

83

84 City Palm Harbor

FL

85 Zip Code 34684

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 607.0503, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating

DATE

2-15-99

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME DENNIS, EARL W JR

STREET ADDRESS 35246 US 19TH N 304

CITY-ST-ZIP PALM HARBOR FL

TITLE ST ☐ DELETE

NAME DENNIS, EARL W JR

STREET ADDRESS 35246 US 19TH N 304

CITY-ST-ZIP PALM HARBOR 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 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, with all other like empowered.

SIGNATURE: EARL W. DENNIS JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

800 333-8351

Daytime Phone #

CR2E034 (11/98)