

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:08

DOCUMENT # **M00293** (4)
1. Corporation Name
PALM BEACH MANAGEMENT & SERVICE COMPANY

Principal Place of Business Mailing Address
1201 U.S. HIGHWAY 1 **1201 U.S. HIGHWAY 1**
STE 310 **STE 310**
NORTH PALM BEACH FL 33408 **NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		04/20/1984		02/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2400134		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution		☐	
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9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KENNEY, TIMOTHY H. 189 BRADLEY PLACE PALM BEACH FL 33480				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PD	SNODDY, BERNIE O.	1201 US HWY 1 STE 310				
		N. PALM BEACH FL					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 110.07(3)(b), 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 a member or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or 13, as applicable, of this report with an address.

SIGNATURE: *Bernie O. Snoddy*
BERNIE O. SNODDY President

1/20/95 407-626-0323