

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jul 08 1996 8:00 am  
Secretary of State

DOCUMENT # M89275 (5)  
1. Corporation Name  
I-O-M COMPANY

Principal Place of Business

Mailing Address

409, PEGASUS AVENUE SOUTH  
CLEARWATER FL 34625

[REDACTED]  
[REDACTED]



2. Principal Place of Business  
21 409, PEGASUS AVENUE SOUTH  
Suite, Apt. #, etc.  
22  
City & State  
23 CLEARWATER FLORIDA  
Zip  
24 34625 Country  
25 PINELLAS  
26 409, PEGASUS AVENUE S.  
Suite, Apt. #, etc.  
27  
City & State  
28 CLEARWATER FLORIDA  
Zip  
29 34625 Country  
30 PINELLAS

3. Date Incorporated or Qualified 07/12/1988  
3a. Date of Last Report 05/01/1995  
4. FEI Number 65-0134962  
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACK, RAY  
2515 COUNTRYSIDE BLVD., SE  
STE B  
CLEARWATER FL 34623

81 Name BRUCE M. HARLAN ATTY. AT LAW  
82 Street Address (P.O. Box Number is Not Acceptable) 326 Belcher Rd N.  
83  
84 City CLEARWATER, FL 85 Zip Code 34625

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]

Date: Registered Agent's signature required when changing

DATE

6-26-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☒ DELETE  
NAME ~~PAUL W. WINTER~~  
STREET ADDRESS ~~1501 18TH ST NORTH~~  
CITY-STATE-ZIP ~~ST PETERSBURG FL~~  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1. TITLE PRESIDENT ☒ Change ☐ Addition  
2. NAME ROBERT E. HUGHES SR.  
3. STREET ADDRESS 409 PEGASUS AVE S  
4. CITY-STATE-ZIP CLEARWATER FL 34625  
1. TITLE SECRETARY ☒ Change ☐ Addition  
2. NAME DONALD E. ELLIS  
3. STREET ADDRESS 10005 BAY PINES BLVD  
4. CITY-STATE-ZIP ST. PETERSBURG, FL 33708  
1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-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 119.07(3)(k), 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:

Robert Hughes SR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96

1-813  
445-1002

Date

Daytime Phone #

CR2E034 (12/95)