

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M89275 (5)  
1. Corporation Name  
IOM COMPANY



Principal Place of Business  
~~400 PEGASUS AVENUE SOUTH~~  
CLEARWATER FL 34615  
US 4604 49th St. N.  
St. Petersburg, FL 33709

Mailing Address  
~~400 PEGASUS AVENUE SOUTH~~  
CLEARWATER FL 34615  
US 4604 49th St. N.  
St. Petersburg, FL 33709

2. Principal Place of Business  
21 4604 49th St North  
Suite, Apt. #, etc.  
22  
City & State  
23 St. Petersburg Florida  
Zip  
24 33709 Country  
25 U.S.A.

2a. Mailing Address  
26 AS ABOVE,  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29 Country  
30

3. Date Incorporated or Qualified  
07/12/1988

3a. Date of Last Report  
07/08/1996

4. FEI Number  
65-0134962

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  
HARLAN, BRUCE M  
326 BELCHER RD NORTH  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent  
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P.T.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HUGHES, ROBERT E</del>	1.2 NAME	BRUCE HALL
STREET ADDRESS	<del>400 PEGASUS AVENUE SOUTH</del>	1.3 STREET ADDRESS	4604 49th St. North
CITY - ST - ZIP	<del>CLEARWATER FL 34615</del>	1.4 CITY - ST - ZIP	ST. PETERSBURG FLORIDA 33709
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ELMO, DONALD E</del>	2.2 NAME	
STREET ADDRESS	<del>10000 DAY PINES BLVD.</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>ST. PETERSBURG FL 33708</del>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:  DATE: 4/28/97 DAYTIME PHONE: 813-527-6114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)