

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11689

(7)

1. Corporation Name

PERKINS MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

**6075 POPLAR, SUITE 800
MEMPHIS TN 38119**

**6075 POPLAR, SUITE 800
MEMPHIS TN 38119**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

62-1283096

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. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO
NAME	SMITH, DONALD N
STREET ADDRESS	6075 POPLAR AVE 800
CITY - ST - ZIP	MEMPHIS TN
TITLE	VP
NAME	WISMOND, DAN G
STREET ADDRESS	6075 POPLAR AVE 800
CITY - ST - ZIP	MEMPHIS TN
TITLE	VP
NAME	KELLY, MICHAEL D
STREET ADDRESS	6075 POPLAR AVE, STE 800
CITY - ST - ZIP	MEMPHIS TN
TITLE	P
NAME	ARRAS, RICHARD K
STREET ADDRESS	6075 POPLAR AVE 800
CITY - ST - ZIP	MEMPHIS TN
TITLE	VP
NAME	DONAHOE, MICHAEL P
STREET ADDRESS	6075 POPLAR AVE 800
CITY - ST - ZIP	MEMPHIS TN
TITLE	D
NAME	LEDINGER, CHARLES A. JR.
STREET ADDRESS	1023 CHERRY RD
CITY - ST - ZIP	MEMPHIS TN

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 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)(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 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:

Michael P. Donahoe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael P. Donahoe

Date

4/24/95 (901) 766-6400