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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000005169 (6)

1. Corporation Name
PROFESSIONAL MANAGEMENT SERVICES, SOUTHEAST, P.A.



Principal Place of Business

218 MIRACLE STRIP PARKWAY
UNIT L
FT WALTON BEACH FL 32548
US

Mailing Address

218 MIRACLE STRIP PKWY
UNIT L
FT WALTON BEACH FL 32548-6601
US

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

3. Date Incorporated or Qualified
01/22/1993

3a. Date of Last Report
04/26/1996

4. FEI Number
59-3160346

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

CUNNINGHAM, R E D.C.
218-L MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent for the term of the corporation. The corporation of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1.2 NAME
STREET ADDRESS
CITY, ST, ZIP
1.3 NAME
STREET ADDRESS
CITY, ST, ZIP
1.4 NAME
STREET ADDRESS
CITY, ST, ZIP
1.5 NAME
STREET ADDRESS
CITY, ST, ZIP
1.6 NAME
STREET ADDRESS
CITY, ST, ZIP
1.7 NAME
STREET ADDRESS
CITY, ST, ZIP
1.8 NAME
STREET ADDRESS
CITY, ST, ZIP
1.9 NAME
STREET ADDRESS
CITY, ST, ZIP
1.10 NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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 contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R.E. Cunningham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

904-243-3226

0489619

CR2E034 (9/95)