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Mar 16 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000024729 (3)

1. Corporation Name

P & M PROFESSIONAL SERVICES, INC.

Principal Place of Business

Mailing Address

%R.P. TURNER  
22892 IRONWEDGE DRIVE  
BOCA RATON FL 33433

%R.P. TURNER  
22892 IRONWEDGE DRIVE  
BOCA RATON FL 33433

2. Principal Place of Business

2a. Mailing Address

21 694 LINVILLE FALLS DRIVE  
Suite, Apt. #, etc.

26 694 LINVILLE FALLS DRIVE  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 WEST MELBOURNE, FL  
Zip Country

28 WEST MELBOURNE, FL  
Zip Country

24 32904

25 USA

29 32904

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

65-0495027

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

TURNER, RICHARD P  
22892 IRONWEDGE DR.  
BOCA RATON FL 33433

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, 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
TURNER, RICHARD P  
STREET ADDRESS  
22892 IRONWEDGE DR.  
CITY-ST-ZIP  
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME  
D  
TURNER, MARIE C  
STREET ADDRESS  
22892 IRONWEDGE DR.  
CITY-ST-ZIP  
BOCA RATON FL 33433

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
P  
SAME  
1.3 STREET ADDRESS  
694 LINVILLE FALLS DRIVE  
1.4 CITY-ST-ZIP  
WEST MELBOURNE, FL 32904

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
V  
SAME  
2.3 STREET ADDRESS  
694 LINVILLE FALLS DRIVE  
2.4 CITY-ST-ZIP  
WEST MELBOURNE, FL 32904

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

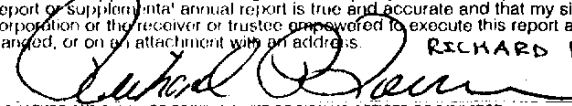
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:



RICHARD P. TURNER

03/04/98

407/733-9420

CR2034 (10/97)