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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90022 039 \*\*\*150.00

## DOCUMENT # **P94000024729**1. Corporation Name

P & M PROFESSIONAL SERVICES, INC.

| Principal Place of Business   |  |   | Mailing Address        |                |     |               |   |  |
|---|--|---|------------------------|----------------|-----|---------------|---|--|
| 694 LINVILLE FALLS DRIVE<br>WEST MELBOURNE FL 32904<br>US   |  | 694 LINVILLE FALLS DRIVE<br>WEST MELBOURNE FL 32904<br>US |                        |                |     |               | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified                                     |  |
|   |  |   |                        |                |     |               | 03/28/1994  |  |
| 2. Principal Place of Business  |  |   | 2a. Mailing Address    |                |     |               | 4. FEI Number Applied For   |  |
| 21  |  |   | Suite, Apt. #, etc.    |                |     |               | 65-0495027   Not Applicable   \$8.75 Additional   |  |
| Suite, Apt. #, etc.   |  |   | 27 Suite, Apr. #, etc. |                |     |               | 5. Certificate of Status Desired Fee Required   |  |
| City & State  |  |   | City & State           |                |     |               | 6. Election Campaign Financing \$5.00 May Be  |  |
| 23  |  |   | 28                     |                |     |               | Trust Fund Contribution Added to Fees   |  |
| Zip   |  |   |                        | Country 30     |     |               | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes   Monotonia No. |  |
| 24  | 9. Name and Address of Curren                        | 29<br>t Regis   | tered Agent            | 30             |     |               | 10. Name and Address of New Registered Agent  |  |
|   |  |   |                        |                | 31  | Name          | е   |  |
| TURNER, RICHARD P   |  |   |                        | l <sub>i</sub> | 32  | Street /      | et Address (P.O. Box Number is Not Acceptable)  |  |
| 22892 IRONWEDGE DR.<br>BOCA RATON FL 33433  |  |   |                        |                | _   |               |   |  |
| BUC   | A NATUN FL 33433                                     |   |                        | ,              | 33  |               |   |  |
|   |  |   |                        | [1             | 34  | 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) |  |   |                        |                |     |               |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOT 12. OFFICERS AND DIRECTORS   |  |   |                        | 13.            | gen | t signature r | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE   | P  | DIT C   | ☐ DELETE               | 1.1 TITL       | E   |               | Change Addition   |  |
| NAME  | TURNER, RICHARD P                                    |   |                        | 1.2 NAM        | Æ   |               |   |  |
| STREET ADDRESS  | 694 LINVILLE FALLS DRIVE                             |   |                        | 1.3 STR        | EET | ADDRESS       | ss  |  |
| CITY-ST-ZIP   | WEST MELBOURNE FL 32904                              |   |                        | 1.4 CIT        |     | r-ZIP         | ☐ Change ☐ Addition   |  |
| TITLE   | V  |   | ☐ DELÉTE               | 2.1 TITL       |     |               | ☐ Change ☐ Addition   |  |
| NAME  | TURNER, MARIE C                                      |   | <del></del>            | 2.2 NAN        |     | 1000000       | LINVILLE  |  |
| STREET ADDRESS  | 694 (INVILLO) FALLS DRIVE<br>WEST MELBOURNE FL 32904 |   |                        | 2.3 STR        |     | ADDRESS .     | 55 (  |  |
| CITY-ST-ZIP<br>TITLE  | WEST MELDOURNE PL 32504                              |   | ☐ DELETE               | 3.1 TITL       |     | 1-217         | Change Addition   |  |
| NAME  |  |   |                        | 3.2 NAA        | Æ   |               | Tagger.   |  |
| STREET ADDRESS  |  |   |                        | 3.3 STR        | EET | ADDRESS       | ss  |  |
| CITY-ST-ZIP   |  |   |                        | 3.4 CIT        |     | T-ZIP         | ↑ Change ↑ Addition   |  |
| TITLE   |  |   | ☐ DELETÉ               | 4.1 TITL       |     | •             | Change Addition   |  |
| NAME  |  |   |                        | 4. 2 NA        |     | ************  |   |  |
| STREET ADDRESS  |  |   |                        | 4.3 S IN       |     | ADDRESS       | 55  |  |
| CITY-ST-ZIP<br>TITLE  |  |   | ☐ DELETE               | 5.1 TITL       |     | I-ZIF         | ☐ Change ☐ Addition   |  |
| NAME  |  |   |                        | 5.2 NAM        | Æ   |               |   |  |
| STREET ADDRESS  |  |   |                        | 5.3 STR        | EET | ADDRESS       | ss  |  |
| CITY-ST-ZIP   |  |   |                        | 5.4 CIT        |     | r-ZIP         |   |  |
| TITLE   |  |   | ☐ DELETE               | 6.1 TITE       |     |               | ☐ Change ☐ Addition   |  |
| NAME  |  |   |                        | 6.2 NAM        |     | LABBEECO      |   |  |
| STREET ADDRESS  |  |   |                        | 6.3 STR        | EE  | ADDRESS       | >>  |  |

6.4 CITY-ST-ZIP 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 securate 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 with all other like empowered.

SIGNATURE: