

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000033440 (6)

1. Corporation Name

IHM OF FLORIDA, INC.



Principal Place of Business

**6015 W. COUNTY HWY. 30A
#103 WHISPERING SANDS
SANTA ROSA BEACH FL 32459**

Mailing Address

**6015 W. COUNTY HWY. 30A
#103 WHISPERING SANDS
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**BRENNAN, WILLIAM P JR.
6015 W. COUNTY HWY. 30A
#103 WHISPERING SANDS
SANTA ROSA BEACH FL 32459**

3. Date Incorporated or Qualified
05/03/1994

3a. Date of Last Report
08/31/1995

4. FEI Number
59-3243055

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. 199.052
Florida Statutes ☐ Yes ☐ No

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, 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 of person filing this report (if not applicable)

Signature of Registered Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE **PD**
NAME **BRENNAN, WILLIAM P JR.**
STREET ADDRESS **6015 W. COUNTY HWY. 30A, #103**
CITY- ST- ZIP **SANTA ROSA BEACH FL 32459**

12 TITLE **S**
NAME **BROWN, REBECCA N**
STREET ADDRESS **6015 W. COUNTY HWY. 30A, #103**
CITY- ST- ZIP **SANTA ROSA BEACH FL 32459**

13 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

14 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

15 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

16 TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(g), 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 a 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:

By:

IHM OF FLORIDA, INC.

William P. Brennan, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

7/5/96

(901) 758-2131

CR2E034 (12/95)