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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 25 1998 8:00am Secretary of State

**DOCUMENT #** P94000059027 (0) P.K.M.B., INC. Principal Place of Business Mailing Address 4262 GULFSHORE BLVD N 1170 THIRD STREET SOUTH #C-102 NAPLES FL 33940 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0513584 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PATRICIA KENNED ROGERS, ROBERT F % CUMMINGS & LOCKWOOD 82 3001 TAMIAMI TRAIL NORTH 83 NAPLES FL 33940 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered action 607.0505 Florida Statutes. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coroffice or registered agent, or both, in the State of Florida Such change was authorized by the corpora SIGNATURE g-stered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition NAME KENNEDY, PATRICIA 12 NAME 1170 THIRD STREET SOUTH #C-102 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP 1.4 CiTY - ST - ZIP TITLE DELETE 21 TITLE ☐ Change Addition NAME BUCHANNON, MADDY 2.2 NAME STREET ADDRESS 1170 THIRD STREET SOUTH #C-102 2 3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 33940 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change 6.1 TITLE \_\_\_ Addition NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 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