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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000059369 (6)

1. Corporation Name

PRINCIPALS MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

9501-B EAST HILLSBOROUGH AVE.
TAMPA FL 33610

9501-B EAST HILLSBOROUGH AVE.
TAMPA FL 33610-5925



2. Principal Place of Business

2a. Mailing Address

21 7439 E. Hillsborough Ave

26 7439 E. Hillsborough Ave

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Suite 110

27 Suite 110

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33610

25 Hillsborough

29 33610

30 Hillsborough

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/11/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3271095

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

COFFILL, JOHN
3336 FOXRIDGE CIRCLE
TAMPA FL 33618

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME COFFILL, JOHN
STREET ADDRESS 9501-B EAST HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL

1.1 TITLE DVP ☒ Change ☐ Addition
1.2 NAME Coffill, John
1.3 STREET ADDRESS 7439 E. Hillsborough Ave.
1.4 CITY-ST-ZIP Tampa, FL 33610

TITLE DP ☐ DELETE
NAME KASTES, PAUL
STREET ADDRESS 9501-B EAST HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA FL

2.1 TITLE DP ☒ Change ☐ Addition
2.2 NAME Kastes, Paul
2.3 STREET ADDRESS 4958 Cross Pointe Dr
2.4 CITY-ST-ZIP Oldsmar, FL 34677

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/26/97 813 621-0079

CR2E034 (9/96)