

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:36

DOCUMENT # P94000065430 (8)

1. Corporation Name

PALM MANAGEMENT GROUP, INC.

Principal Place of Business

660 E. JEFFERSON STREET
TALLAHASSEE FL 32301

Mailing Address

660 E. JEFFERSON STREET
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 4099 N TAMPA TR

2a. Mailing Address

26 % MILLER + HEIMS P.A.

4. FEI Number

65-098102

Applied For

Not Applicable

22 Suite, Apt. #, etc.

3RD FLOOR

27 Suite, Apt. #, etc.

6326 WHISKY CREEK DR

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

NAPLES FL

28 City & State

FOUR MYERS

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33940

25 Country

COLLIER

29 Zip

33919

30 Country

LEE

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RETT, DONALD A
660 E. JEFFERSON STREET
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 Agent or Registered Agent (Registered Agent and Principal Place of Business)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD JAMES OXOSIMO	☐ Change ☒ Addition
2. NAME	4099 TAMPA TR	
3. STREET ADDRESS	3RD FLOOR	
4. CITY, ST, ZIP	NAPLES FL 33940	
21. TITLE		☐ Change ☒ Addition
22. NAME	D RICHARD GALVIN	
23. STREET ADDRESS	87 ANDOVER LA	
24. CITY, ST, ZIP	WILLIAMSVILLE NY 14221	
31. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(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 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, as changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

2-13-95 813-262-3034

DATE

PHONE NUMBER