

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065430 (8)**

1. Corporation Name

PALM MANAGEMENT GROUP, INC.



Principal Place of Business

**4099 N TAMiami TR
3RD FLOOR
NAPLES FL 33940
US**

Mailing Address

**C/O MILLER & HELMS, P.A.
6320 WHISKY CREEK DR
FT MYERS FL 33919
US**

3. Date Incorporated or Qualified
09/07/1994

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0518102

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

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**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Typed or Printed Name)

Signature of Registered Agent or Director (Typed or Printed Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PD COLOSIMO, JAMES

STREET ADDRESS
4099 TAMiami TR., 3RD FLR

CITY - ST - ZIP
NAPLES FL

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
D GALVIN, RICHARD

STREET ADDRESS
87 ANDOVER LA

CITY - ST - ZIP
WILLIAMVILLE NY

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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

4/28/96

941-585 7332

CR2E034 (12/95)