

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022838 (3)

1. Corporation Name

DRUG FREE MANAGEMENT, INC.

Principal Place of Business

24 BEAL PARKWAY, S.W.
FORT WALTON BEACH FL 32548

Mailing Address

24 BEAL PARKWAY, S.W.
FORT WALTON BEACH FL 32548



3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FEI Number

59-3301599

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 123 Staff Drive

Suite, Apt. #, etc.

22 City & State

23 Ft. Walton Beach, FL

Zip

24 32548

Country

25 USA

2a. Mailing Address

26 123 Staff Drive

Suite, Apt. #, etc.

27 City & State

28 Ft. Walton Beach, FL

Zip

29 32548

Country

30 USA

9. Name and Address of Current Registered Agent

MILAN, DONALD F
4345 HIDDEN LAKES DRIVE, EAST
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

Donall F. Milan

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

2806 Arnold Palmer Court

83

84 City

Shalimar,

FL

85 Zip Code

32579

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 Donald F. Milan

Signature, typed or printed name of registered agent & date of acceptance

(If the Registered Agent's Signature is required, when filing this statement)

DATE

1-25-96

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME

Donall F. Milan

1.3 STREET ADDRESS

2806 Arnold Palmer Court

1.4 CITY-ST-ZIP

Shalimar, FL 32579

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

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

4-25-96

904-244-7600

CR2E034 (12/95)