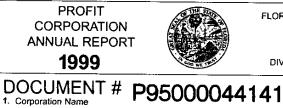
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90103 020 ***150.00

PRUDENTIAL MANAGEMENT CORP.	

Principal Pi	il Place of Business Mailing Address					3(4) BE(1) 69(1)	#18(1 B)##1 1(4)	14 81887 1181 1881		
24 HARRISON AVE. PANAMA CITY FL 32401		24 HARRISON AVE.			,					
CANAMA OI	11 FL 32401	PANAMA CITY FL 32401				DO NOT WR	ITE IN TUK	CDACE		
						Date Incorporated or Qualifed		- SPACE		
						05/30/1995				
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number				
21	26								pplied For	
		Suite, Apt. #, etc.				59-3339242			ot Applicable	
22		27	⊢ '''			5. Certifcate of Status Desired			Additional	
City & State		City & State				0.51		Fee Required		
		28				6. Election Campaign Financing	Ċ	\$5.00 May Be		
Zip	Country	Zip				Trust Fund Contribution			to Fees	
24	25	29 30			8. This corporation owes the curr	ent year Int		101		
	9. Name and Address of Curre		30			Personal Property Tax.		∐ Yes	XINo	
				81	Name	10. Name and Address of New F	tegisterea	Agent		
CA	AIN, NORMAN E									
	HARRISON AVE.			82	Street Add	ress (P.O. Box Number is Not Accepta	able)			
	NAMA CITY FL 32401		<u> </u>				· · · · · · · · · · · · · · · · · · ·			
				83						
			-	84	City			85 Zip	Code	
11 Pursuar	at to the provisions of Sections 607 050	22 and 607 1500 Florida Ct. Li	- 45 - 1				FL	<u>. </u>		
	nt to the provisions of Sections 607.050 r registered agent, or both, in the State				-named corp he corporati	poration submits this statement for the on's board of directors. I hereby accer	purpose of	changing its	registered	
agent. I	am familiar with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statu	tes.	•				giotoroa	
SIGNATURE									ļ	
12.	Signature, typed or printed name of registered age	NOTE:	13.	gent	signature require	ed when reinstating)	DATE			
TITLE	D	DELETE	1.1 TITL	_		ADDITIONS/CHANGES TO OF	-ICERS AN			
NAME	SITTMAN, MARY K							Change	☐ Addition	
STREET ADDRES			1.2 NAN							
			1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL 32401		1.4 CITY-5		ZIP					
TITLE	D	☐ DELETE	ETE 2.1 TITLE		ļ			Change	☐ Addition	
NAME	RAMSEY, WALTER		2.2 NAM	Æ						
STREET ADDRESS	*** * ********************************	15	2.3 STR	EETA	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32312		2.4 CIT	Y-ST-	-ZIP				{	
TITLE		☐ DELETE	3.1 TITL	Æ				Change	Addition	
NAME			3.2 NAM	¢E					_ `	
STREET ADDRESS	s		3.3 STR	EETA	DDRESS					
CITY-ST-ZIP			3.4. CITY						ľ	
TITLE		☐ DELETE	4.1 TITLE			* ***		Change	Addition	
NAME			4. 2 NAM					change	L.J Addition	
STREET ADDRESS	8		ı		DDGEGG				İ	
CITY-ST-ZIP			1		DDRESS					
TITLE		☐ DELETE	4.4 CITY		<u> </u>			- Ot -		
NAME			5.1 TITLE 5.2 NAMI					Change	Addition	
STREET ADDRESS			1		DODECC				1	
	?) 		5.3 STRE		i i					
CITY-ST-ZIP TITLE			5.4 CITY		ZIP	**				
		☐ DELETE	6.1 TITLE					☐ Change	Addition	
NAME			6.2 NAME	E						
STREET ADDRESS	5		6.3 STRE	ET AI	DDRESS					
COV OT ZID	I									

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FFICER OR DIRECTOR

850-785-24Kg