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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056936 (4)

P.M. CONSULTING & REPAIRS, INC.

Principal Plac	e of Business	Mailing Address				I RODINODE RIG LOCAL BUIN DONN BONN BONN BONN BONN BUINE BENNO HAIBD RIFTE DON
19423 IOLA DRIVE TAMPA FL 33626		13423 IOLA DRIVE TAMPA FL 33626			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
e Principal P	lace of Business	2a. Mailing Address				07/24/1995 4. FEI Number Applied For
21 Principal P	iace of business	26. Walling Address	I, Ivialing Address			The state of the s
Suite, Apt.	#. etc.	Suite, Apt #, etc.				SR 75 Additional
27					,	5. Certificate of Status Desired Fee Required
City & State City & State		4				6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution
Zip	Country	Zφ	·			8. This corporation owes or has paid the current year Intangible
24	25 29 30		30			Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent Name and Address of Current Registered Agent Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
JOYCE, JERRY L			Ľ		• • • • • • • • • • • • • • • • • • •	
204 N, MACDILL AVE.			8	82 Street Add		ss (P.O. Box Number is Not Acceptable)
TAMPA FL 33609			8	3		
			-			
			8	4 0	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 argent	and the diagonizable (NOTE	Registered A	nent s	innature sequiren	of wher reinstating) DATE
12.	OFFICERS AND		13.	gents	ignatione required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	_	1.1 TITLE		Change Addition
NAMÉ	GEORGE, WALTER M.		1.2 NAME			
STREET ADDRESS 13423 IOLA DRIVE			1.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP	TAMPA FL 33626		1.4 CITY - ST - ZIP		IP	
TITLE	9 7		2.1 TITLE			L_J Change L_J Addition
NAME GEORGE, CHERYL			2.2 NAME			
STREET ADDRESS 13423 IOLA DRIVE CHY-ST-ZIP TAMPA FL 33626			2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		- 1	
CHY-ST-ZIP TAMPA FL 33626		DELETE	3.1 TITLE		309	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		DRESS	·
CITY-ST-ZIP			3 4. CITY-ST-ZIP		ŽIP	
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		DRESS	
CITY-ST-ZIP		Doute	4.4 City-St-ZIP		IP	00
TITLE		☐ DELETE	51 TITLE			L_ Change
NAME PERCET ADDRESS			5.2 NAME		paree	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		1	
THILE		DELETE	6.1 TITLE		"	☐ Change ☐ Addition
NAME			6.2 NAMI			
STREET ADDRESS			6.3 STREET ADDRESS		DRESS	
			1			

14. Thereby certify that the information supplied with this filing closs 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 signalure 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 trusted 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.

11/201/00