

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 # P95000078597 (8)

1. Corporation Name

PLYMOUTH MANAGEMENT CORP.



Principal Place of Business

P.O. BOX 785
OSPREY FL 34229

Mailing Address

P.O. BOX 785
OSPREY FL 34229

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report

2. Principal Place of Business

21 519 HARBOR DR S

2a. Mailing Address

26 519 HARBOR DR S

4. FEI Number

65-0613754

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

ADRIEN, ARTHUR E
3908 78TH PLACE EAST
SARASOTA FL 34243

10. Name and Address of New Registered Agent

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 607.0502 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 agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

9/20/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MARYAN, IAN PETER
STREET ADDRESS 305 S. POLK, APARTMENT 205
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

NAME MARYAN, SUSAN E
STREET ADDRESS 305 S. POLK, APT 205
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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 D MARYAN IAN PETER ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 519 HARBOR DR S
1.4 CITY-ST-ZIP VENICE FL 34285

2.1 TITLE D MARYAN, SUSAN E ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 519 HARBOR DR S
2.4 CITY-ST-ZIP VENICE FL 34285

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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)(b), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03:13:96 941-484-1385

Date

Daytime Phone #

CR2E034 (12/95)