Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000006486

1. Corporation Name

City & State

23

24

PRS MANAGEMENT, INC.

THO PRINTINGENERY, 1170		
Principal P ace of Business	Mailing Address	
720 SOUTH AND AVE BUSHNELL FL 33513 US	720 SOUTHLAND AVE BUSHNELL FL 33513 US	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

27

28

29

Zip

City & State

9. Name and Address of Curren: Registered Agent

Country

GRAVES, RONNIE N							
1	1927	SW	318	T	TERRACE		
۷	EBS	TER	FL 3	35	579		

25

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90082 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Aildress (P.O. Bo:: Number is Not Acceptable)

Electic n Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

01/17/1996 4. FEI Number

59-3381816

			i							
			84	Cit	ty		F	L 85	Zip C	ode
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 egistered 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 a cept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE		100 C. B	ogistored Agen	et mian	ohuro coe irad whon reinetahad		DATE			
Signature, typed or printed in the or registered agent and uner in approaches										
12.		DELETE	13.		ADDITI:	MS/CHANGES TO	OFFICERS	Ch Ch		Addition
TITLE	PD	Deceie	11 TITLE						unge	
NAME	graves, ronnie n		1.2 NAME							
STREET ADDRESS	11927 SW 31ST TERRACE		1.3 STREET	r addi	RESS					1
CITY-ST-ZIP	WEBSTER FL 33597		14 CITY-S	T-ZIP						
TITLE	ST	☐ DELETE	2 1 TITLE					☐ Ch	ange	☐ Addition
NAME	GRAVES, LINDA R		2.2 NAME							
STREET ADDRI:SS	11927 SW 31ST TERRACE		2 3 STREET	T ADDI	RESS					
CITY-ST-ZIP	WEBSTER FL 33579		2.4 CITY-S	T-ZIP	·					
TITLE		☐ DELETE	3.1 TITLE					Ch	ange	☐ Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDI	RESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP						-
TITLE		☐ DELETE	4.1 TITLE					Ch	ange	Addition
NAME			4 2 NAME							
STREET ADDRESS			4.3 STREET	ADD	RESS					:
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE					☐ Ch	ange	☐ Addition
NAME			52 NAME							
STREET ADDRESS			5.3 STREET	T ADDI	RESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	61 TITLE					☐ Ch	ange	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET	T ADDI	RESS					
CITY-ST-ZIP	and the state of the second se		6.4 CITY-S			(O)() Fleside Ot-1	( 6		i tha i-	formation

Country

81

82 83

30

Ineretry certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0°(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 than my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: