

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000021307 (9)

1. Corporation Name
TOTAL PROJECT MANAGEMENT, INC.



Principal Place of Business

6640 ILEX CIR
UNIT D
NAPLES FL 33942

Mailing Address

6640 ILEX CIR
UNIT D
NAPLES FL 34109-6848

2. Principal Place of Business

21 9660 VICTORIA LN.

Suite, Apt. #, etc.

22 204

City & State

23 NAPLES FL

Zip

24 34109

Country

25 USA

2a. Mailing Address

26 9660 VICTORIA LN.

Suite, Apt. #, etc.

27 204

City & State

28 NAPLES FL

Zip

29 34109

Country

30 USA

3. Date Incorporated or Qualified

03/06/1996

3a. Date of Last Report

4. FEI Number

65-0650907

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

HARE, DENNIS M
6640 ILEX CIR
UNIT D
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

DENNIS M. HARE

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

9660 VICTORIA LANE #204

83

#204

84 City

NAPLES

FL

85 Zip Code

34109

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

Dennis M. Hare

DENNIS M. HARE

4/7/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSVT ☐ DELETE

NAME HARE, DENNIS M
STREET ADDRESS 6640 ILEX CIR UNIT D
CITY-ST-ZIP NAPLES FL 33942

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9660 VICTORIA LANE #204
NAPLES FL 34109

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 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.

SIGNATURE

Dennis M. Hare

DENNIS M. HARE

4/7/97

9660 VICTORIA LANE #204

CR2E034 (9/96)