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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021307 (9)

1. Corporation Name

TOTAL PROJECT MANAGEMENT, INC.

Principal Place of Business

9880 VICTORIA LN
STE 204
NAPLES FL 33942
US

Mailing Address

9880 VICTORIA LN
STE 204
NAPLES FL 34109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 511 EAST MINNESOTA AVE

Suite, Apt. #, etc.

22

City & State

23 DELAND FLORIDA

Zip

24 32724

Country

25 USA

2a. Mailing Address

26 511 EAST MINNESOTA AVE

Suite, Apt. #, etc.

27

City & State

28 DELAND FLORIDA

Zip

29 32724

Country

30 USA

9. Name and Address of Current Registered Agent

HARE, DENNIS M
9880 VICTORIA LANE
#204
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name

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

83 511 EAST MINNESOTA AVE

84

City

DELAND

FL

85 Zip Code

32724

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 signature required when reappointing)

DATE

Dennis M. Hare

DENNIS M. HARE

4/27/98

12. OFFICERS AND DIRECTORS

TITLE PSVT ☐ DELETE

NAME HARE, DENNIS M
STREET ADDRESS 9880 VICTORIA LN #204
CITY-ST-ZIP NAPLES FL

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 PSVT ☒ Change ☐ Addition

1.2 NAME HARE, DENNIS M.
1.3 STREET ADDRESS 511 EAST MINNESOTA AVE
1.4 CITY-ST-ZIP DELAND FLORIDA 32724

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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

4/27/98

904-740-0337

CP2E034 (10/97)