

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000029157 (0)**
1. Corporation Name

P & M SERVICES OF SARASOTA, INC.

Principal Place of Business

**202 PINEAPPLE ST
ENGLEWOOD FL 34223**

Mailing Address

**202 PINEAPPLE ST
ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1996	3a. Date of Last Report 1ST FILE
4. FEI Number 05-0653668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

29
Country

9. Name and Address of Current Registered Agent

**IZZO, JOHN P
180 N INDIAN AVE
SUITE #5
ENGLEWOOD FL 34223-2959**

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR / PRES. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. PATRICK McLAUGHLIN	1.2 NAME	
STREET ADDRESS	202 PINEAPPLE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL. 34223	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILED
Aug 28 1997 8:00am
Secretary of State



CR2E034 (4/97)

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AUGUST 25, 1997

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P. O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

RE: 1ST NOTICE OF REPORT

TO WHOM IT MAY CONCERN:

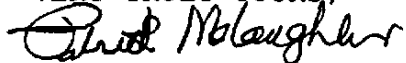
PLEASE BE ADVISED THAT THE ATTACHED SECOND NOTICE IS THE ONLY
REPORT I RECEIVED.

I AM ATTACHING MY CHECK IN THE AMOUNT OF \$165.00 AND RESPECTFULLY
REQUEST THAT YOU ACCEPT IT WITHOUT PENALTY.

SHOULD YOU REQUIRE ANY FURTHER INFORMATION PLEASE DO NOT HESITATE TO
CONTACT ME.

THANKING YOU FOR YOUR TIME AND SERIOUS CONSIDERATION TO THE ABOVE,
I REMAIN

VERY TRULY YOURS,



E. PATRICK MCLAUGHLIN
PRESIDENT
P & M SERVICES OF SARASOTA, INC.
202 PINEAPPLE STREET
ENGLEWOOD, FLORIDA 34223