


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90291 008 \*\*\*150.00

<b>DOCUMENT # P96000079332</b> 1. Entity Name <b>FHM MANAGEMENT CORP.</b>					
Principal Place of Business <b>9485 REGENCY SQUARE BLVD. SUITE 415 JACKSONVILLE FL 32225</b>			Mailing Address <b>9485 REGENCY SQUARE BLVD. SUITE 415 JACKSONVILLE FL 32225</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3407124</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GABEL, GEORGE D JR. 50 N LAURA ST STE 3900 SUITE 1600 JACKSONVILLE FL-32202</b>				7. Name and Address of New Registered Agent Name <b>John A. Lemine</b> Street Address (P.O. Box Number is Not Acceptable) <b>9485 Regency Square Blvd.</b> <b>Suite 415</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32225</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>John A. Lemine</i> <b>John A. Lemine, Chief Operating Officer</b> <b>4/5/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROCK, JAMES E 71 WATER STREET ST. AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joseph G. Seay 4617 Ortega Blvd. Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BOND, WILLIAM JR. 4695 ALISA CIRCLE NE ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Walter L. Banks 1567 Ponce De Leon Dr. Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADLEY, RUEL-L JR. 1236 STONEHURST WAY TALL FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operating Officer (VP) John A. Lemine 9485 Regency Square Blvd., Suite 415 Jacksonville, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, MARY ANN 1225 S. PENINSULA DRIVE DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD GABEL, GEORGE D JR. 1850 SHADOWLAWN STREET JACKSONVILLE FL 32205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary, Director and General Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD HEALAN, JACK B JR 6 HARRISON CREEK ROAD AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer, Director and Chair-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>George D. Gabel, Jr.</i> <b>GEORGE D. GABEL, JR.</b> <b>4/11/05</b> <b>904/353-2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					