

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90314 043 ***150.00

DOCUMENT # P96000079332					
1. Entity Name FHM MANAGEMENT CORP.					
Principal Place of Business 9485 REGENCY SQUARE BLVD. SUITE 415 JACKSONVILLE, FL 32225			Mailing Address 9485 REGENCY SQUARE BLVD. SUITE 415 JACKSONVILLE, FL 32225		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent					
LEMINE, JOHN A. 9485 REGENCY SQUARE BLVD SUITE 415 JACKSONVILLE, FL 32225					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State FL Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing					
Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete BROCK, JAMES E 71 WATER STREET ST. AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input type="checkbox"/> Delete BOND, WILLIAM JR. 4695 ALISA CIRCLE NE ST. PETERSBURG, FL 33703				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BRADLEY, RUEL L JR. 1236 STONEHURST WAY TALL, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete RICHARDSON, MARY ANN 1225 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <input type="checkbox"/> Delete GABEL, GEORGE D JR. 1850 SHADOWLAWN STREET JACKSONVILLE, FL 32205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD <input type="checkbox"/> Delete HEALAN, JACK B JR 6 HARRISON CREEK ROAD AMELIA ISLAND, FL 32034				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
9485 Regency Square Blvd, Suite 415 Jacksonville, FL 32225					
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
9485 Regency Square Blvd, Suite 415 Jacksonville, FL 32225					
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9485 Regency Square Blvd, Suite 415 Jacksonville, FL 32225					
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
Assnt. Secretary, Director & General Counsel 9485 Regency Square Blvd, Suite 415 Jacksonville, FL 32225					
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
Assnt. Treasurer, Director & Chair-Elect 9485 Regency Square Blvd, Suite 415 Jacksonville, FL 32225					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>John A. Lemine</i> <i>John A. Lemine</i> <i>4/11/06</i> <i>904.724.9890</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

BLOCK 11 - - See Attached.

ATTACHMENT

40047758

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT #P96000079332

FHM MANAGEMENT CORP.

FEI Number 59-3407124

BLOCK 11:

Addition ☒

**Director
Walter L. Banks
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition ☒

**Director
Joseph G. Seay
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition ☒

**Chief Operating Officer (VP)
John A. Lemine
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**

Addition ☒

**Vice President Finance
Heather L. McCoy
9485 Regency Square Blvd, Suite 415
Jacksonville, FL 32225**