

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB -2 AM 9:48

STATE
TALLAHASSEE, FLORIDA

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



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3407124

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMINE, JOHN A.
9485 REGENCY SQUARE BLVD
SUITE 415
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

000000618582
02/08/07-80035-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
BROCK, JAMES E
9485 REGENCY SQ BLVD SUITE 415
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
BOND, WILLIAM JR.
9485 REGENCY SQ BLVD SUITE 415
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BRADLEY, RUEL L JR.
9485 REGENCY SQ BLVD SUITE 415
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RICHARDSON, MARY ANN
9485 REGENCY SQ BLVD SUITE 415
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATD
GABEL, GEORGE D JR.
9485 REGENCY SQ BLVD SUITE 415
JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATDC
HEALAN, JACK B JR
9485 REGENCY SQ BLVD SUITE 415
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John A. Lemine John A. Lemine 1/31/07 904-724-9890