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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90055 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000032226

1. Corporation Name
PSY-MAX, INC.



Principal Place of Business
**141 BARKS DRIVE
FT. WALTON BEACH FL 32547**

Mailing Address
**141 BARKS DRIVE
FT. WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

59-3437575

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MURRMAN, JOSEPH J.
520 B LANDVIEW DR
FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name **MURRMAN, JOSEPH J.**

82 Street Address (P.O. Box Number is Not Acceptable)
1925 PATRICIAN WAY

83 **FWB, FL**

84 City **FWB** **FL** 85 Zip Code **32547**

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: **Joseph J. Murrman** **JOSEPH MURRMAN President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P MURRMAN, JOSEPH J**
STREET ADDRESS **612 COLONIAL DR. #8**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

TITLE ☐ DELETE
NAME **D TARDI, MILDRED R.**
STREET ADDRESS **520 B LANDVIEW DR**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
P. MURRMAN, JOSEPH J.
1925 PATRICIAN WAY
FT. WALTON BEACH, FL 32547

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition
D TARDI, MILDRED R.
1925 PATRICIAN WAY
FT. WALTON BEACH, FL 32547

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **Joseph J. Murrman** **JOSEPH MURRMAN** **2-5-99** **850-314-9444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)