## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000055270 (7)

DNM MANAGEMENT COMPANY

## **FILED** Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  9250 BAYMEADOWS RD., STE 230  JACKSOMVILLE FL 32256  JACKSOMVILLE FL 32256											
AUCKSCHAIL	WE IF 48630	JACKOUN	**************************************				DO	NOT WRITE I	N THIS SPA	CE	
							3. Date Incorporated o 06/23/1997	Qualified			
2. Principal P	lace of Business	2a. Mailing	Address			·	4. FEI Number		····	AF	plied For
21		26					59345	<u>555 3</u>			t Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			6. Certificate of Status	Desired	□ <b>\$</b>	8,75 / Fee Re	Additional equired	
City & Stat	е	City & S	tate				6. Election Campaign F	inancing		\$5.00	May Be
23		26	<del></del>				Trust Fund Contribut	ion		Added t	
Zip Country		Zip	·		Country		8. This corporation owe	,			
24	25 9. Name and Address of Curr	29		30			Personal Property Te 10. Name and Address				¶No
		alit vedistelen vå	<b>V</b> III		81	Name	10. Maille and Address	OI MAN HAN	ISTOLET WAS	nt.	
	OLEMAN, C. RANDOLPH 150 BAYMEADOWS RD., STE 2	20		L							
	CKSONVILLE FL 32256	30		- 1	82	Street Addre	ess (P.O. Box Number is N	ot Acceptable	9)		
97	IONSONVILLE PL 32230			li li	83						
				Ļ		0				=1 =: ·	~
1				•	B4	City			FL  61	5 Zip (	>00e
SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stem familiar with, and accept the oblining statement of the section of	agent and title it applicable		Registered			d when reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGE	S TO OFFICE		Change	Addition
NAME	MANAHAN, DONALD P	1	_ Ottele	1.1 TITL 1.2 NAA						Citaline	L.J AUGITION
STREET ADDRESS	4 SAWGRASS VILLAGE			1.3 STR		AUDECC					
CITY-ST-ZIP	PONTE VEDRA BEACH FL	32082		1.4 CIT							
TITLE	D	1	DELETE	2.1 TITL		<u></u>				Change	Addition
NAME	MANAHAN, NORA A			2.2 NAN	ME						
STREET ADDRESS	4 SAWGRASS VILLAGE			2.3 STR	EET A	DDAESS					
CITY-ST-ZIP	PONTE VEDRA BEACH FL		7 554 575	2.4 CIT		ZIP					
TITLE		ı	_] DELETE	3.1 TITL					L	Change	Addition
NAME CIRCEL ADDOCCE				3.2 NAA		DODECC					
STREET ADDRESS CITY-ST-ZIP				3.3 STR 3.4. GIT							
TITLE			DELETE	4.1 TITL		£.IF				Change	Addition
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STR	EET AL	ODRESS					
CITY-ST-ZIP				4.4 CITY	Y-\$T-	ZIP					
TITLE			DELETE	5.1 TITL						Change	Addition Addition
NAME				5.2 NAN							
STREET ADDRESS				5.3 STR							
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITL		ZIP				Change	☐ Addition
NAME		,	DELLETE	6.1 IIIL					J	-imile	
STREET ADDRESS				6.3 STR		ODRESS					
CATY. ST. 7IP				6.3 STR							

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 on an attachment with an address.

904 285 9863