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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104383 (9)

PMRP, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



						-{		
Principal Place of Business Mailing Address							44 6.4446.46	
723 BUNKERS COVE ROAD 723 BUNKERS COVE ROAD						•		
PANAMA CITY FL 32401 PANAMA CITY FL 32401						DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified	THO BY AGE	
						12/11/1997		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	TA	plied For
21	26					59-3481926		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	
22 27						5. Certificate of Status Desired	Fee Re	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
28 28						Trust Fund Contribution	Added	to Fees
Zip	Country Zip			ntry		8. This corporation owes or has paid		
24	25 29 30 30 9, Name and Address of Current Registered Agent			Personal Property Tax due June 30. 🔲 Yes 🔀 No				
		rrent Hegistered Agent		81	Name	10. Name and Address of New Regis	stered Agent	
	CMAHON, FRANK B JR 23 BUNKERS COVE ROAD		]	<b>°</b> '	Ivanie			
				Street Addre	et Address (P.O. Box Number is Not Acceptable)			
P#	ANAMA CITY FL 32401			83				
			[	84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statut	es, the ab	ove-	named corpo	oration submits this statement for the pur	pose of changing it	s registered
office of agent. I a	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change was i oligations of, Section 607,0505, Flo	authorized orida Statu	i by t	the corporation	on's board of directors. I hereby accept t	the appointment as	registered
SIGNATURE								İ
Signature typed or printed name of registered agent and site if applicable (NOTE: B				Ageni	signature require		DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICER		
TITLE		☐ DELETE	3.1 T(T)				☐ Change	☐ Addition
NAME					FRI			
ATREET ARRESTOR			1.2 NAJ			DINKERS BAUR ROAD		
STREET ADDRESS			1.3 STF	REET AI	DORESS 74.3	ANK B MGMAHON IR BUNKERS DOVE ROAD		
CITY-ST-ZIP		□ DELETE	1.3 STF	REET AL Y-ST-	DDRESS 74.3 ZIP PA	BUNKERS DOVE ROAD NAMA City FL 3240/	Change	Addition
CITY-ST-ZIP TITLE		☐ DELETE	1.3 STF 1.4 CIT 2.1 TITU	REET AL Y-ST- LE	DORESS PAS	BUNKERS DOVE ROAD NAMA City FL 3240/	Change	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	1.3 STR 1.4 CIT 2.1 TITU 2.2 NAI	REET AL Y-ST- LE ME	ZIP <b>PAI</b>	BUNKERS DOVE ROAD NAMA City FL 3240/	☐ Change	☐ Addition
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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 cyrioration 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 for on an attachment with an address.