

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90275 014 \*\*\*150.00

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1. Corporation Name

QUANTUM FINANCIAL MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

5950 MIDNIGHT PASS ROAD, UNIT 210  
SARASOTA, FLORIDA 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
October 13, 1998

2. Principal Place of Business

21 5950 MIDNIGHT PASS ROAD

Suite, Apt. #, etc.

22 UNIT 210

City & State

23 SARASOTA, FLORIDA

Zip

24 34242

Country

25 USA

2a. Mailing Address

26 5950 MIDNIGHT PASS ROAD

Suite, Apt. #, etc.

27 UNIT 210

City & State

28 SARASOTA, FLORIDA

Zip

29 34242

Country

30 USA

4. FEI Number

☒ 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

WILLIAM T. KIRTLEY  
2940 SOUTH TAMiami TRAIL  
SARASOTA, FLORIDA 34239

10. Name and Address of New Registered Agent

81 Name  
TIMOTHY YOCUM

82 Street Address (P.O. Box Number is Not Acceptable)  
5950 MIDNIGHT PASS ROAD

83 UNIT 210

84 City  
SARASOTA

FL

85 Zip Code  
34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 *Timothy Yocum*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/99

12. OFFICERS AND DIRECTORS

TITLE Director, President, Secretary, Treasurer  
NAME Timothy Yocum  
STREET ADDRESS 5950 Midnight Pass Road, Unit 210  
CITY-ST-ZIP Sarasota, Florida 34242

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Timothy Yocum* Timothy Yocum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)