

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S06348** (4)

1. Corporation Name

**PROFESSIONAL PROPERTY MANAGEMENT & ASSOCIATES, I
NC. OF JACKSONVILLE**

Principal Place of Business

**P.O. BOX 56103
JACKSONVILLE FL 32241-3103**

Mailing Address

**P.O. BOX 56103
JACKSONVILLE FL 32241-3103**

2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**DROUGHT, PEGGY R.
2385 STONEBRIDGE DRIVE
ORANGE PARK FL 32067**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(1)(a) and 607.15(1)(b), 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 I accept the obligations of, Section 607.15(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DROUGHT, PEGGY R.	
STREET ADDRESS	2385 STONEBRIDGE DR	
CITY, ST, ZIP	ORANGE PARK FL	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption under Section 119.02(3)(k), Florida Statutes. I further certify that the information included 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 secretary or authorized person 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. I or an authorized agent with an address:

SIGNATURE:

Peggy R. Drought, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peggy R. Drought

4/18/96

(904) 273-0094

CR2E034 (12/95)