

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S26587** (3)

1. Corporation Name
PALMCO, INC.



Principal Place of Business
**5770 N. MILITARY TRAIL
WEST PALM BEACH FL 33407**

Mailing Address
**5770 N. MILITARY TRAIL
WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified 01/22/1991	3a. Date of Last Report 03/31/1995
4. FET Number 65-0241093	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CHEATHAM, WILLIAM W.
5770 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33407**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this statement

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	CHEATHAM, WILLIAM W.	
STREET ADDRESS	5770 N MILITARY TRAIL	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	T	☐ DELETE
NAME	CHEATHAM, WILLIAM W.	
STREET ADDRESS	5770 N MILITARY TRAIL	
CITY- ST- ZIP	WEST PALM BEACH 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		

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
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	☐ Change ☐ Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY- ST- ZIP	☐ Change ☐ Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY- ST- ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 manager 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 in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)