

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S44299** (3)

1. Corporation Name

BUSINESS OWNERS MANAGEMENT SERVICE COMPANY



Principal Place of Business

**250 E. PARK AVE.
LAKE WALES FL 33853**

Mailing Address

**P.O. BOX 2338
LAKE WALES FL 33859-2338**

3. Date Incorporated or Qualified
04/10/1991

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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4. FEI Number

59-3061821

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SHERMAN, KYLE D.
244 EAST PARK AVENUE
LAKE WALES FL 33853~~

81 Name

Michael Butler

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

244 E. Park Avenue

83

84 City

Lake Wales

FL

85 Zip Code
33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or the state of Florida in which it 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 607.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Michael Butler

02/01/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
MATHEWSON, ANTHONY K**
STREET ADDRESS **1191 S. LAKESHORE BLVD.**
CITY-STATE-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME **GRIMES, R. MICHAEL**
STREET ADDRESS **807 HILLSIDE AVE.**
CITY-STATE-ZIP **LAKE WALES FL**

TITLE ☐ DELETE

NAME ~~THOMPSON, PRIMO~~
STREET ADDRESS ~~244 E. PARK AVE~~
CITY-STATE-ZIP ~~LAKE WALES FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Secretary/Treasurer**
3.3 STREET ADDRESS **Mealey, Raymond R.**
3.4 CITY-STATE-ZIP **244 E. Park Avenue
Lake Wales, FL 33853**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Director**
4.3 STREET ADDRESS **Shaw, H. Daniel**
4.4 CITY-STATE-ZIP **244 E. Park Avenue
Lake Wales, FL 33853**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony K. Mathewson, President 02/01/96 (941)678-1337

Date

Daytime Phone #

CR2E034 (12/95)