

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # S76103 (8)

1. Corporation Name

P M INVESTMENTS OF AMERICA, INC.



Principal Place of Business

Mailing Address

4400 HWY 20 E. SUITE 304  
P O BOX 906  
NICEVILLE FL 32588

P.O. BOX 5220  
~~P.O. BOX 906~~  
NICEVILLE FL 32578  
US

3. Date Incorporated or Qualified

08/27/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4540 Hwy. 20 East

26 P.O. Box 5220

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Niceville, FL 32578

27 City & State  
28 Niceville, FL 32578

24 Zip Country  
25 Zip Country

4. FEI Number

59-3080982

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

HARRIS, HELENE  
4400 HWY 20 EAST  
S304  
NICEVILLE FL 32578

81 Name

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

4540 Hwy. 20, East

83

84 City

Niceville

FL

85 Zip Code  
32578

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 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

Helene R. Harris

4/23/96

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME KUETH, PETER  
STREET ADDRESS 4400 HWY 20 E S304  
CITY-ST-ZIP NICEVILLE FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 4540 Hwy. 20, East  
1.4 CITY-ST-ZIP Niceville, FL 32578

TITLE ST ☐ DELETE  
NAME HARRIS, HELENE R.  
STREET ADDRESS 4400 HWY 20 E S304  
CITY-ST-ZIP NICEVILLE FL

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 4540 Hwy. 20 East  
2.4 CITY-ST-ZIP Niceville, FL 32578

TITLE VP ☐ DELETE  
NAME ZIVAN, JEROME A.  
STREET ADDRESS 4400 HWY 20 E, STE 304  
CITY-ST-ZIP NICEVILLE FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 4540 Hwy. 20, East  
3.4 CITY-ST-ZIP Niceville, FL 32578

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

Jerome A. Zivan, President 4/23/96 (904) 897-6430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)