

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S95702 (4)

1. Corporation Name

T.M. MANAGEMENT, INC.



Principal Place of Business

Mailing Address

2892 DEER RUN SOUTH
6TH FLOOR
CLEARWATER FL 34621
US

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6TH FLOOR
CLEARWATER FL 34621
US

3. Date Incorporated or Qualified
11/21/1991

3a. Date of Last Report
06/29/1995

2. Principal Place of Business

21 2892 DEER RUN So

Suite, Apt. #, etc.

22 City & State

23 CLEARWATER F

Zip

24 34621

Country

25 US

2a. Mailing Address

26 2892 DEER RUN So

Suite, Apt. #, etc.

27 City & State

28 CLEARWATER, FL

Zip

29 34621

Country

30 US

4. FEI Number
59-3093748

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
Judy E. Merrell

82 Street Address (P.O. Box Number is Not Acceptable)
2892 DEER RUN So.

83

84 City
CLEARWATER

FL

85 Zip Code
34621

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

Judy E. Merrell, Pres, Treasurer

7-23-96

Signature of color or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME MERRELL, THOMAS L
STREET ADDRESS 3000 GULF TO BAY BLVD
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE VPT
NAME MERRELL, JUDY
STREET ADDRESS 3000 GULF TO BAY BLVD
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PS
12 NAME MERRELL, THOMAS L.
13 STREET ADDRESS 2892 DEER RUN So.
14 CITY-ST-ZIP CLEARWATER, FL 34621

☒ Change ☐ Addition

21 TITLE VPT
22 NAME MERRELL, JUDY E.
23 STREET ADDRESS 2892 DEER RUN So.
24 CITY-ST-ZIP CLEARWATER, FL 34621

☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

Thomas Merrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/96

818-799-2111

Date

Telephone #

CR2E034 (3/96)