

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:42

DOCUMENT # **V01961** (4)
1. Corporation Name
FLINT MANAGEMENT COMPANY, INC.

Principal Place of Business Mailing Address
311 MAGNOLIA DR CLEARWATER FL 34616 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/23/1991** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-3098858** 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**
9. This corporation has liability for intangible tax under S. 100.032, 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
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
**RAYMOND, J. PAUL
400 CLEVELAND STREET
CLEARWATER FL 34615**

10. Name and Address of New Registered Agent
81. Name **NELSON FLINT**
82. Street Address (P.O. Box Number is Not Acceptable) **311 MAGNOLIA DR**
83. City **CLEARWATER** FL 85. Zip Code **34616**

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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, Sections 607.0501, Florida Statutes.

SIGNATURE: *Nelson Flint* (Signature typed or printed name of registered agent and title # if applicable) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	FLINT, NELSON 311 MAGNOLIA DR CLEARWATER FL	1.1 TITLE PPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	RAYMOND, J. PAUL 400 CLEVELAND ST. CLEARWATER FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVP	FLINT, ELLEN 311 MAGNOLIA DR CLEARWATER FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Adrian P.* (Signature typed or printed name of signing officer or director) DATE: **4/20/95** 813-299-5215 (Secretary Phone #)