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

DOCUMENT # **V41780** **(0)**

1. Corporation Name

PNM SERVICES, INC.

Principal Place of Business

404 NIGHT HAWK LANE
ST. AUGUSTINE FL 32084

Mailing Address

404 NIGHT HAWK LANE
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified: **06/01/1992**

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

2. Principal Place of Business
21 **46 Willow Drive**
22 Suite, Apt. #, etc.
23 City & State: **St. Augustine, FL**
24 Zip: **32084**
25 Country: **St. Johns**

2a. Mailing Address
26 **46 Willow Drive**
27 Suite, Apt. #, etc.
28 City & State: **St. Augustine, FL**
29 Zip: **32084**
30 Country: **St. Johns**

4. FEI Number: **65-0338259** ☐ 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

CLIZER, EDWIN E.
~~404 NIGHT HAWK LANE~~
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **46 Willow Drive**
83
84 City: **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**PST**	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	**CLIZER, EDWIN E.**		12 NAME		
STREET ADDRESS	**404 NIGHT HAWK LANE**		13 STREET ADDRESS	**46 Willow Drive**	
CITY-ST-ZIP	**ST. AUGUSTINE FL**		14 CITY, ST, ZIP		
TITLE	**D**	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	**CLIZER, EDWIN E.**		22 NAME		
STREET ADDRESS	**404 NIGHT HAWK LANE**		23 STREET ADDRESS	**46 Willow Drive**	
CITY-ST-ZIP	**ST. AUGUSTINE FL**		24 CITY, ST, ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY, ST, ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY, ST, ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY, ST, ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY, ST, ZIP		

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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)(i), 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 attached sheet with an address.

904-471-6371

SIGNATURE: Edwin E. Clizer Edwin E Clizer 03-16-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #