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FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90012 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50002

1. Corporation Name

DME MANAGEMENT, INC.

Principal Place of Business

3980 LUEL RD.
MULBERRY FL 33860

Mailing Address

3980 LUEL RD.
MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

4. FEI Number

59-3133134

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1825 Hwy 17N
Suite, Apt. #, etc.

2a. Mailing Address

26 1825 Hwy 17N
Suite, Apt. #, etc.

City & State

23 Bartow, FL

City & State

28 Bartow, FL

Zip Country

24 33830

Zip Country

29 33830

30

9. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H.
908 SOUTH FLORIDA AVENUE
SUITE 102
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

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

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME TOWNLEY, JULIA ANNE
STREET ADDRESS 3980 LUEL RD.
CITY-ST-ZIP MULBERRY FL ☒ DELETE

TITLE DV
NAME HARRELL, BYRON E.
STREET ADDRESS 3980 LUEL ROAD
CITY-ST-ZIP MULBERRY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Townley Millard J
1.3 STREET ADDRESS 1825 Hwy 17N
1.4 CITY-ST-ZIP Bartow, FL 33830 ☐ Change ☒ Addition

2.1 TITLE DV
2.2 NAME Townley Bobbie J.
2.3 STREET ADDRESS 1825 Hwy 17N
2.4 CITY-ST-ZIP Bartow, FL 33830 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

14. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

941-519-0644

Daytime Phone #

CR2E034 (1/98)