

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V69170

(1)

1. Corporation Name

PROFESSIONAL MANAGEMENT SERVICES OF OCALA, INC.

Principal Place of Business

1551 NE 2ND ST. #A
OCALA FL 34470
US

Mailing Address

1551 NE 2ND ST. #A
OCALA FL 34470
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/01/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0362636

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

2. Principal Place of Business

21 713 NE 9th St.

2a. Mailing Address

26 713 NE 9th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ocala, FL

City & State

28 Ocala FL

24 34470

25 MARION

29 34470

30 MARION

9. Name and Address of Current Registered Agent

NATALE, ROSE A
100 SE 34TH ST
OCALA FL 31174

10. Name and Address of New Registered Agent

B1 Name ROSE NATALE
B2 Street Address (P.O. Box Number is Not Acceptable)
713 NE 9th St
B3
B4 City Ocala FL B5 Zip Code 34470

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

Rose Natale

Rose Natale

7/31/95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	NATALE, ROSE A
STREET ADDRESS	100 SE 34TH ST
CITY - ST - ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	713 NE 9th St.
1.4 CITY - ST - ZIP	Ocala FL 34470
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 110.07(3)(a), 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:

Rose Natale

7/31/95

904 351-4785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR