

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69170 (1)
 1. Corporation Name
PROFESSIONAL MANAGEMENT SERVICES OF OCALA, INC.



Principal Place of Business 713 NE 9TH ST OCALA FL 34470 US	Mailing Address 713 NE 9TH ST OCALA FL 34470-5312 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/01/1992	3a. Date of Last Report 08/10/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0362636	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NATALE, ROSE A 713 NE 9TH ST OCALA FL 34470	10. Name and Address of New Registered Agent 81 Name John Herdman 82 Street Address (P.O. Box Number is Not Acceptable) 713 NE 9th St 83 Ocala 84 City FL 85 Zip Code 34470
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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 John Herdman DATE 1/24/97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATALE, ROSE A	1.2 NAME	John Herdman
STREET ADDRESS	713 NE 9TH ST	1.3 STREET ADDRESS	713 NE 9th St.
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala FL 34470
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Jennifer McLaughlin
STREET ADDRESS		2.3 STREET ADDRESS	713 NE 9th St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocala FL 34470
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	William Taylor
STREET ADDRESS		3.3 STREET ADDRESS	P.O. Box 5577 N/A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deltona FL 32128
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: John Herdman DATE 1/24/97 352-351-4735
 Signature, typed or printed name of signing officer or director

CR2E034 (9/96)