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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V69170

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1992

4. FEI Number

65-0362636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 3609 SE. 33 Ct

Suite, Apt. #, etc.

22

City & State

Ocala Fla.

23 Zip

34471

Country

US

2a. Mailing Address

26 3609 SE 33 Ct

Suite, Apt. #, etc.

27

City & State

Ocala Fla

28 Zip

34471

Country

USA

10. Name and Address of New Registered Agent

81 Name

JOHN HERDMANN

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

3609 SE 33 Ct

83

84 City

Ocala

FL

85 Zip Code

34471

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 P ☐ DELETE

NAME HERDMANN, JOHN

STREET ADDRESS 713 NE 9TH ST

CITY-ST-ZIP OCALA FL 34470

TITLE VP ☐ DELETE

NAME MCLAUGHLIN, JENNIFER

STREET ADDRESS 713 NE 9TH ST

CITY-ST-ZIP OCALA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

1.4 CITY-ST-ZIP

3609 SE 33 Ct
Ocala FL 34471

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

320 SE. 55 Ct.
Ocala 34471

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

Date

Daytime Phone #

John Herdman John Herdman 4/20/99 352-624-3278

CR2E034 (1/98)

0489455