

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 317424 (0)

1. Corporation Name

CREDIT CONTROL OF PINELLAS, INC.

Principal Place of Business

25400 US 19 SUITE 273
CLEARWATER FL 34623-9163

Mailing Address

P.O. BOX 6489
CLEARWATER FL 34618
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

06/05/1967

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

4. FET Number

59-2016094

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

6. This corporation has liability for nonpayment of taxes under § 199.032,
Florida Statutes ☒ Yes ☐ No

22

City & State

27

City & State

23

Zip

24

Country

28

Zip

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY, JAMES E.
2109 ARBOR DR.
NEW PORT RICHEY FL FL 33515

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 of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

(Signature of Registered Agent or Registered Agent's Representative)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

OFF	STD
NAME	GROTTICELLI, SABER L.
STREET ADDRESS	13820 87TH AVENUE N
CITY, ST, ZIP	SEMINOLE FL
OFF	PD
NAME	RAY, JAMES E
STREET ADDRESS	2109 ARBOR DR
CITY, ST, ZIP	NEW PORT RICHEY, FL00000
OFF	VD
NAME	GROTTICELLI, ANGELO W.
STREET ADDRESS	13820 87TH AVENUE N
CITY, ST, ZIP	SEMINOLE FL
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFF	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. OFF	☐ Change ☐ Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, ST, ZIP	
2. OFF	☐ Change ☐ Addition
2.1 NAME	
2.2 STREET ADDRESS	
2.3 CITY, ST, ZIP	
3. OFF	☐ Change ☐ Addition
3.1 NAME	
3.2 STREET ADDRESS	
3.3 CITY, ST, ZIP	
4. OFF	☐ Change ☐ Addition
4.1 NAME	
4.2 STREET ADDRESS	
4.3 CITY, ST, ZIP	
5. OFF	☐ Change ☐ Addition
5.1 NAME	
5.2 STREET ADDRESS	
5.3 CITY, ST, ZIP	
6. OFF	☐ Change ☐ Addition
6.1 NAME	
6.2 STREET ADDRESS	
6.3 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071 (b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE

Saber L. Grotticelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Saber L. Grotticelli 4/30/95 813-796-3461

Date

(Typed Name)