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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

506918

(2)

2-27-08

PRICE & DONOGHUE MANAGEMENT, P.A.

Price, Donoghue & Ridenour Management, P.A.

Principal Place of Business

Mailing Address

FILED
May 14 1998 8:00am
Secretary of State



29805 U.S. 19 N., SUITE 140 CLEARWATER FL 34621-9196		29605 U.S. 19 N., SUITE 140 CLEARWATER FL 34621-9196			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/12/1976			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-1687531	h	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			_	\$8.75	Additional	
22		27		5. Certificate of Status Desired	Fee I	Required		
City & State		City & Stale		6. Election Campaign Financing\$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Z ip	Counti	у	8. This corporation owes or has paid the		ntangible	
24	25 29 30		30	Personal Property Tax due June 30. 🔀 Yes 🗌 No				
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Register	d Agent		
THIOS, THE LIAM E				81 Name				
	305 U.S. 19 N., SUITE 140		82		Address (P.O. Box Number is Not Acceptable)			
CL	EARWATER FL 34621		_					
	_		83	'				
	•		84	City		. 85 Zip	Code	
24 0		- 1007 4000 5: 24. 6		<u> </u>	corporation submits this statement for the purpose			
agent. I a SIGNATURE	m familiar with, and accept the obligat	and the Lappicable (NO	lorida Statute	98.	poration's board of directors. I hereby accept the a			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
TITLE	PD	☐ DELETE	1.1 TITLE		Vice Pre s ident	☐ Change	X Addition	
NAME	PRICE, WILLIAM E		1.2 NAME	;	Ridenour, Nancy M.		l:	
STREET ADDRESS			1.3 STREE	T ADDRESS	129605 US 19 N Ste 14	10	li	
CITY-ST-ZIP	CLEARWATER FL			ST-ZIP	Clearwater, FL			
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	t address				
CITY-ST-ZIP			2. 4 CITY-	ST-7IP				
TITLE	The state of the s		3.1 TITLE			Change	Addition	
NAME	MATTEI, KIMBERLY A.		3.2 NAME					
STREET ADDRESS	29605 US HWY 19 N #140		3 3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TETLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS			į	
CITY-ST-ZIP			4.4 CITY -	ST-ZIP				
TITLE		☐ DELETE	5.1 THILE			Change	Addition	
NAME			5.2 NAME				1	
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		3 "	Change	Addition	
NAME	*		6.2 NAME		0000025271 -05/18/98010530	<u>ವ</u> U	11/1/1	
STREET ADDRESS			6.3 STREE	ADDRESS		<i>)2(</i>	1.61	
CITY-ST-ZIP			64 CITY-	ST - 71P	***150.00		, , , , , , , , , , , , , , , , , , ,	

14. Thereby 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 13 if changed, or on an altreshment with an address.