FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714544 **(4)**

1. Corporation Name

PORT BELLEAIR NO. 1, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~28163 U.S. 19 N. STE. 202 CLEARWATER FL 34621 US~~	~~28163 U.S. 19 N. STE. 202 CLEARWATER FL 34621 US~~

3. Date Incorporated or Qualified: 05/03/1968
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2418331 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2430 ESTANCIA BLVD.	26 2430 ESTANCIA BLVD.
Suite, Apt. #, etc. 22 SUITE #114	Suite, Apt. #, etc. 27 SUITE #114
City & State 23 CLEARWATER, FL.	City & State 28 CLEARWATER, FL.
Zip 24 34621 Country 25 PINELLAS	Zip 29 34621 Country 30 PINELLAS

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT
28163 U.S. 19 N. STE.202
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: FLORIDA CENTRAL MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2430 ESTANCIA BLVD.
83 SUITE #114
84 City: CLEARWATER FL 85 Zip Code: 34621

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] Robert M. Novak V.P. 3/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	LLOYD JEANNETTE	1.2 NAME	PERKINS, RAYMOND
STREET ADDRESS	155 BLUFFVIEW DR. #306	1.3 STREET ADDRESS	155 BLUFFVIEW DRIVE #108
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	1.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MANGANARO, RICHARD	2.2 NAME	
STREET ADDRESS	155 BLUFFVIEW DR. #302	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	PERKINS, RAYMOND	3.2 NAME	SIRACUSE, MARGARET
STREET ADDRESS	155 BLUFFVIEW DR. #108	3.3 STREET ADDRESS	155 BLUFFVIEW DRIVE #202
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640	3.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640
TITLE		4.1 TITLE	TD ☒ Change ☐ Addition
NAME		4.2 NAME	LLOYD, JEANETTE
STREET ADDRESS		4.3 STREET ADDRESS	155 BLUFFVIEW DRIVE #306
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL. 34640
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] B. RAYMOND PERKINS (813) 584-7717 MAR 23, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #