NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 717887

1. Corporation Name

OPERATION-PAR, INC.

Principal Place of Business

Mailing Address

10901 C ROOSEVELT BLVD. 1000 ST. PETERSBURG FL 33716

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FILED Mar 11, 1999 8:00 am § Secretary of State

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| 2 Principal P | lace of Business | 2a. Mailing Address | | 3. Date Incorporated or Qualif | ed | | |
|---|---|-----------------------------------|-----------------------------|--|------------------------------|------------|--|
| | 5 66+4 S+. N | 26 6655 66Th | -1. 11 | 01/14/1970 | | | |
| 21 Suite. Apt. | # oto | Suite, Apt. #, etc. | ST 70. | 4. FEI Number | App | lied For | |
| — · · · · · · · | #, e .c. | H | | 59-1349234 | ·~ ''' | Applicable | |
| 22 | | City & State | | 00 1040204 | \$8.75 40 | | |
| City & Stat | las Park, FL Country | | Country | 5. Certificate of Status Desired | Fee Req | | |
| Zip | Country | Zip | | 6. Election Campaign Financia | ng 📋 \$5.00 M | lay Be | |
| 24 33 | 181 25 Pinellas | 29 33781 3 | o Pinella | Trust Fund Contribution | Added to | Fees | |
| Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| 81 Name | | | | | | ĺ | |
| IOUN T VOINIO | | | ** | TO D. M. whose is Not Assemble? | | | |
| 501,11 1 1 0 0 1 1 0 | | | 82 Street | 82 Street Address (P.O. Box Number is Not Acceptable) 665 66th Street with | | | |
| 109 - 4111 01 | | | 83 | 32 GG SHEET JU | <u> </u> | | |
| BELLEAIR | BCH FL 33786 | | | | | | |
| 84 | | | 84 City , | 85 Zip Code | | | |
| _ | | | | Pinellas Park | | 5781 | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 | | | | | | | |
| οπice or r agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligation | ons of, Section 617.0503, Florid | la Statutes. | Matter's board of directors. Thereby de | oopt allo appointment as 1-9 | -10.00 | |
| CICNATURE | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | egistered Agent signature n | | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO | | | |
| TITLE | CD | DELETE | 1.1 TITLE | | ☐ Change | Addition | |
| NAME | PILKINGTON, DAVID G. | | 1.2 NAME | | | ĺ | |
| STREET ADDRESS | 11701 BELCHER RD #104 | | 1.3 STREET ADDRESS | | | } | |
| CITY-ST-ZIP | LARGO FL 33773 | | 1.4 CITY-ST-ZIP | | |] | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | CP | Change | ☐ Addition | |
| NAME | SUSAN LATVALA | | 2.2 NAME | | | | |
| STREET ADDRESS | 109 PHILIPS WAY | | 2.3 STREET ADDRESS | * . | | . 1 | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | | 2. 4 CITY-ST-ZIP | | • | ŀ | |
| TITLE | SD SD | DELETE | 3.1 TITLE - | V 8- | - Chonge | ☐ Addition | |
| | | | 3.2 NAME | News monte Le | ~ | | |
| NAME | NANCY MOATELEY | | | | / | | |
| STREET ADDRESS | 200 11 00 210 2111 1112 2111 | | 3.3 STREET ADDRESS | 1 a 1 a 2 | | | |
| CITY-ST-ZIP | CLEARWATER FL 34615 | - I DELETE | 3.4. CITY- ST-ZIP | Citar walt, 12 3 | Change | Addition | |
| TITLE | πο | ☐ DELETE | 4.1 TITLE | | ∐ Silange | | |
| NAME | GARY SWEAT | | 4, 2 NAME | | | Ì | |
| STREET ADDRESS | 100 SECOND AVE N | | 4.3 STREET ADDRESS | | • | ł | |
| CITY-ST-ZIP | ST PETERSBURG FL 33701 | . , . , . , . , | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | Seanette Taft | ☐ Change | Addition | |
| NAME | | | 5.2 NAME | Jeanette latt | | [| |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 118 S. Westshore | slvd., #150 | ļ | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Jampa FL 33 Jeane mcCarth | 5609 | | |
| TITLE | | ☐ DELETE | 6.1 TMLE حشم | -seade mecarth | y ☐ Change | Addition | |
| NAME | | | 6.2 NAME | .880-6th street so | ith, suite 470 | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | LVD | | | |
| STREET ADDRESS | | | 64 CITY-ST-ZIP | 5+. Petersburg, F | 4 33701 | 1 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP