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**Feb 22, 1999 8:00 am**  
**Secretary of State**

0066331

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



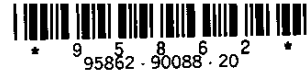
FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-22-1999 90088 020 \*\*\*\*61.25

**DOCUMENT # 755710**

1. Corporation Name

**INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC**



Principal Place of Business

1515 BAY PALM BLVD  
 P O BOX 1114  
 INDIAN ROCKS BEACH FL 34635

Mailing Address

1515 BAY PALM BLVD  
 P O BOX 1114  
 INDIAN ROCKS BEACH FL 34635



2. Principal Place of Business

21 **310 10<sup>th</sup> Ave**

Suite, Apt. #, etc.

22 City & State

23 **INDIAN RKS Beach FL**

Zip Country

24 **33785**

25 **Pinellas**

2a. Mailing Address

26 **P.O. Box 1114**

Suite, Apt. #, etc.

27 City & State

28 **Indian Rocks Beach FL**

Zip Country

29 **33785**

30 **Pinellas**

3. Date Incorporated or Qualified

**12/30/1980**

4. FEI Number

**56-6150993**

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

9. Name and Address of Current Registered Agent

**PEDICONE, LEON**  
**2304 BAY BLVD #A**  
**INDIAN ROCKS BCH. FL 34635**

10. Name and Address of New Registered Agent

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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, 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  DELETE

NAME **P PEDICONE, LEON**  
 STREET ADDRESS **2304 BAY BLVD. #A**  
 CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE  DELETE

NAME **V GREGORY, R W**  
 STREET ADDRESS **3500 GULF BLVD., APT. 214**  
 CITY-ST-ZIP **BELLEAIR BEACH FL**

TITLE  DELETE

NAME **STD MORONI, KENNETH**  
 STREET ADDRESS **310 10 AVENUE**  
 CITY-ST-ZIP **INDIAN ROCKS BCH. FL**

TITLE  DELETE

NAME **D MONASTRA, EDWIN J.**  
 STREET ADDRESS **615 16TH ST. N.W.**  
 CITY-ST-ZIP **LARGO FL**

TITLE  DELETE

NAME **D HART, DONALD J.**  
 STREET ADDRESS **456 HARBOR DR., NORTH**  
 CITY-ST-ZIP **INDIAN RCKS BCH, FL00000**

TITLE  DELETE

NAME **D KUMPF, MARGARET L.**  
 STREET ADDRESS **9596 141ST ST N.**  
 CITY-ST-ZIP **LARGO FL**

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

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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 617, 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 of Kenneth D. Moroni*  
**KENNETH D. MORONI STD 1/6/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**727-595-1369**  
 Daytime Phone #

CR2E037 (1/198)