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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90144 002 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P01209

1. Corporation Name

PEDAMORPHOSIS, INC.

Principal Place of Business

13604 WATERFALL WAY
TAMPA FL 33624-6907
US

Mailing Address

P.O. BOX 271669
TAMPA FL 33688-1669
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/13/1984

4. FEI Number

75-1552572

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

ORCUTT, GREG MR
ANDERSON AND ORCUTT, P.A.
401 EAST JACKSON STREET, SUITE 2400
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

Orcutt, Gregg Mr

82 Street Address (P.O. Box Number is Not Acceptable)

Bricklemyer Smolker & Bolyes, P.A.

83

500 E. Kennedy Blvd., Suite 200

84 City

Tampa

FL

85

Zip Code
33602-4825

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
STREET ADDRESS
CITY-ST-ZIP
PDT
ANDERSON, ROBERT H.
13604 WATERFALL WAY
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SNYDER, KAROLYN
13604 WATERFALL WAY
TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BAHNER, JOHN M.
3525 ROSEAU DRIVE
PUNTA GORDA ISLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
Director
Giella, Mary
13604 Waterfall Way
Tampa FL 33624

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] **SIGNATURE REQUIRED** *Robert H. Anderson* 2/26/99 8139633899

SIGNATURE UN-TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)