

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 258983

(6)

1. Corporation Name

PERSONAL INVESTMENTS INC

Principal Place of Business

C/O WASHINGTON COUNTY KENNEL CLUB
INTERSECTION HWY 79 & HWY 20
EBRO FL 32437

Mailing Address

C/O WASHINGTON COUNTY KENNEL CLUB
INTERSECTION HWY 79 & HWY 20
EBRO FL 32437

3. Date Incorporated or Qualified

05/14/1962

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 6558 Dog Track Rd.

Suite, Apt. #, etc.

22

City & State
23 Ebro, FL

Zip

24 32437

Country

25 Washington

2a. Mailing Address

26 6558 Dog Track Rd.

Suite, Apt. #, etc.

27

City & State
28 Ebro, FL

Zip

29 32437

Country

30 Washington

4. FEI Number

59-1162937

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DEVARES, PAUL
INTERSECTION HIGHWAY 79 & HIGHWAY 20
EBRO FL

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 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 (handwritten or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERVAES, PAUL	
STREET ADDRESS	2506 ROCKY POINT AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HESS, LUTHER F	
STREET ADDRESS	10102 WOODSONG WAY	
CITY - ST - ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HESS, STOCKTON R.	
STREET ADDRESS	P.O. BOX 111 N/A	
CITY - ST - ZIP	EBRO FL 32437	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRY L. HESS	
STREET ADDRESS	BOX 111 N/A	
CITY - ST - ZIP	EBRO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATER, ROBERT E. II	
STREET ADDRESS	1330 NEEB ROAD	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATER, JOHN M.	
STREET ADDRESS	11508 TRASK S.	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

904-234-3943

Daytime Phone #

0614404

CR2E034 (9/96)