

FILED

Jul 09 1998 8:00am  
Secretary of State

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

1. Corporation Name

**PI-PA-TAG, INC.**

### Principal Place of Business

1501 GARDEN AVENUE  
TARPON SPRINGS FL 34689

Mailing Address

1501 GARDEN AVENUE  
TARPON SPRINGS FL 34689

## 2. Principal Place of Business

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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22	27
City & State	City & State

23	Zip	Country	28	Zip	Country
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<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>
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3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

Applied For	
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Not Applicable
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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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

10. Name and Address of New Registered Agent

JOHN SALKELLARIDES  
2595 TAMPA RD., STE J  
PALM HARBOR FL 34684

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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: Reg. agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEHR, JOHN C	
STREET ADDRESS	1501 GARDEN AVENUE	
CITY - ST - ZIP	TARPON SPRINGS FL 34689	

☐ Change ☐ Addition

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MALINOWSKI, HEATHER	
STREET ADDRESS	1015 WIDEVIEW AVE	
CITY - ST - ZIP	TARPON SPRINGS FL	

<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
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TITLE		<input type="checkbox"/> DELETE
NAME	HAMMER, JANE	
STREET ADDRESS	120 CALYLE DRIVE	
CITY - ST - ZIP	PALM HARBOR FL	

☐ Change    ☐ Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	AMMONA, DR ROSE MARY	
STREET ADDRESS	1440 RIVERSIDE DRIVE	
CITY - ST - ZIP	TARPON SPRINGS FL	

☐ Change    ☐ Addition

TITLE	VP	<input type="checkbox"/> DELETE
NAME	AMMONS DR. ROSE MARY	
STREET ADDRESS	1440 RIVERSIDE DR.	
CITY - ST - ZIP	TARPON SPRINGS FL	

☐ Change    ☐ Addition

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

☐ Change    ☐ Addition

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 his 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.

CFR2E037 (10/97)