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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 755710

1. Corporation Name
INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC

Principal Place of Business	Mailing Address
1515 BAY PALM BLVD P O BOX 1114 INDIAN ROCKS BEACH FL 34635	1515 BAY PALM BLVD P O BOX 1114 INDIAN ROCKS BEACH FL 34635

2. Principal Place of Business 21 310 10th Ave	2a. Mailing Address 26 P.O. Box 1114
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Indian Rks Beach FL	City & State 28 Indian Rocks Beach FL
Zip / Country 24 33785 / 25 Pinellas	Zip / Country 29 33785 / 30 Pinellas

3. Date Incorporated or Qualifed: 12/30/1980

4. FEI Number: 56-6150993 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PEDICONE, LEON		1.2 NAME		
STREET ADDRESS	2304 BAY BLVD. #A		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GREGORY, R W		2.2 NAME		
STREET ADDRESS	3500 GULF BLVD., APT. 214		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORONI, KENNETH		3.2 NAME		
STREET ADDRESS	310 10 AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH. FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONASTRA, EDWIN J.		4.2 NAME		
STREET ADDRESS	615 16TH ST. N.W.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HART, DONALD J.		5.2 NAME		
STREET ADDRESS	456 HARBOR DR., NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN RCKS BCH, FL00000		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KUMPF, MARGARET L.		6.2 NAME		
STREET ADDRESS	9596 141ST ST N.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jennifer Moroni SIGNATURE REQUIRED Jennifer Moroni STD 1/6/99 727-595-1369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #