

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90096 005 ***150.00

DOCUMENT # P94000045922

1. Corporation Name
2201 CORPORATION

Principal Place of Business
5388 115TH AVE. NORTH
CLEARWATER FL 34620

Mailing Address
P.O. BOX 13193
ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

4. FEI Number

59-3254970

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 owes the current year Intangible

Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NIEMI JR, RONALD J
5388 115TH AVE NORTH
CLEARWATER FL 34620

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SWANSON, P.G.
STREET ADDRESS 1617 FANNIN STREET
CITY-ST-ZIP HOUSTON TX

TITLE ~~D~~ ☒ DELETE

NAME ~~CHICHESTER, KEVIN~~
STREET ADDRESS ~~5815 HORNWOOD DR~~
CITY-ST-ZIP ~~HOUSTON TX~~

TITLE CDVP ☐ DELETE

NAME NIEMI, RONALD J
STREET ADDRESS 1032 1/2 24TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ DELETE

NAME COLBERT, TIMOTHY J.
STREET ADDRESS 1617 FANNIN STREET
CITY-ST-ZIP HOUSTON TX

TITLE D ☐ DELETE

NAME FULLER, STEPHEN A
STREET ADDRESS 6551 40TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME BERLETCH, SHAWN, A.
1.3 STREET ADDRESS 2201 41st. STREET NORTH
1.4 CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33713

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME BERLETCH, PAMELA, PHILLIPS
2.3 STREET ADDRESS 2201 41st. STREET NORTH
2.4 CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33713

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 607, 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:

Ronald J. Niemi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99
Date

(727) 323-5393
Daytime Phone #

CR2E034 (11/98)