

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720949

Entity Name: P.L.T.H., INC.**Current Principal Place of Business:**620 N WYMORE RD
SUITE 240
MAITLAND, FL 32751**Current Mailing Address:**620 N WYMORE RD
SUITE 240
MAITLAND, FL 32751 US**FEI Number:** 59-1497279**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
111. ORANGE AVENUE, SUITE 1400
ORLANDO, FL 32801 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MIZE, ROXY
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	GEDDINGS, BARBARA
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	VP
Name	CHOLAK, DAVID
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	GUY, FRANK
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	O'CONNOR, BRETT
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	SECRETARY
Name	BURGESS, DANA
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

Title	TREASURER
Name	KING, VALERIE
Address	620 N WYMORE RD SUITE 240
City-State-Zip:	MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROXY MIZE

PRESIDENT

01/23/2018

Electronic Signature of Signing Officer/Director Detail_____
Date