

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

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 235008

(0)

1. Corporation Name

PIFCF HOLDINGS, INC.

Principal Place of Business

318 MITNIK DR  
P O BOX 3451  
DELTONA FL 32780  
US

Mailing Address

PO BOX 327  
P O BOX 3451  
OSTEEN FL 32784  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1960

4. FEI Number

59-0902137

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

2. Principal Place of Business

21 318 MITNIK DR

Suite, Apt. #, etc.

22 P.O. Box 327

City & State

23 OSTEEN, FL

Zip

24 32764-0327

Country

25 Volusia

2a. Mailing Address

26 P.O. Box 327

Suite, Apt. #, etc.

27 City & State

28 OSTEEN, FL

Zip

29 32764-0327

Country

30 Volusia

9. Name and Address of Current Registered Agent

MORRIS, CHARLES  
521 S. PENNSYLVANIA  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name MORRIS, CHARLES R.  
82 Street Address (P.O. Box Number is Not Acceptable)  
318 MITNIK DR. P.O. Box 327  
83  
84 City OSTEEN, FL 85 Zip Code 32764

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MORRIS, CHARLES R  
STREET ADDRESS 318 MITNIK DR / PO BOX 327  
CITY - ST - ZIP OSTEEN FL

TITLE ☐ DELETE

NAME MORRIS, GLADENE L  
STREET ADDRESS 318 MITNIK DR / PO BOX 327  
CITY - ST - ZIP OSTEEN FL

TITLE ☐ DELETE

NAME MORRIS, GLADENE L  
STREET ADDRESS 318 MITNIK DR / PO BOX 327  
CITY - ST - ZIP OSTEEN FL

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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.

SIGNATURE

CR2E034 (10/97)