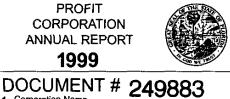
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90029 025 ***150.00

SCH OF PINELLAS COUNTY, INC.									
·	N					 			
Principal Place of Business Mailing Address						1 (8910) (1011 81818 1818) (8181 1818)		. 41811 61811 6	1811 81811 1881
2025 INDIAN R									
P.O. BOX 2025 P.O. BOX 2025						DO NOT WOITE	N T 100 0	-D40E	
LARGO FL 34649-9025 LARGO FL 34649-9025						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 09/01/1961			
Principal Place of Business 2a. Mailing Address			-			4. FEI Number		App	plied For
21 26						59 -095 46 <u>14</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired]	\$8.75 A	
City & State City & Stat						6. Election Campaign Financing		\$5.00	May Bo
23		28	28			Trust Fund Contribution Added to Fees			
Zip	Country Zip			,		This corporation owes the current year Intangible			
24	25	29	30		1	Personal Property Tax.	-		□No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Regi	istered Aç	jent	
			81	Name					
HULLEY, WILLIAM C.				Street	Street Address (P.O. Box Number is Not Acceptable)				
2025 INDIAN ROCKS RD.			82	0,100.	, 100,000	to the transport of the traceptable	,		
LARC	GO FL 34644		83	T					
	• .		84	City				85 Zip C	Code
O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				l			_FL_		
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.									registered jistered
SIGNATURE									
O'O'W IT O'KE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ager	nt signature r	required wh	en reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PD		1.1 TITLE					🔀 Change	Addition
NAME	HULLEY, WILLIAM C.			1.2 NAME Hu		ley, William C. D.O.			
STREET ADDRESS			1.3 STREET	1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP					
TITLE	SD .	☐ DELETE	2.1 TITLE	2.1 TITLE S			Ė	Change	Addition
NAME	TAYLOR, J. ERIC, JR.			22 NAME Ta		lor, J. Eric, Jr. D.	0.		}
STREET ADDRESS			2.3 STREET	2.3 STREET ADDRESS 18		Fernbrooke Dr.			
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-S	T-ZIP	Saf	ety Harbor, FL 3469	5		
TITLE		☐ DELETE	31 TITLE	31 TITLE		,	I	Change	☐ Addition
NAME			3.2 NAME		ĺ				
STREET ADDRESS	,		3.3 STREET	3.3 STREET ADDRESS					į
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				L	Change	Addition
NAME			4.2 NAME		ĺ				
STREET ADDRESS			4.3 STREET	ADDRESS					,
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP	<u> </u>		 _		
TITLE		☐ DELETE	5.1 TITLE		-	•		Change	☐ Addition
NAME			5.2 NAME						.
STREET ADDRESS	1		5.3 STREET						{
CITY-ST-ZIP	_·		5.4 CITY-ST	T-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TITLE				E	☐ Change	Addition
NAME	1		6.2 NAME]]
STDEET ANDOESS			/ 63 STREET	ADDRESS I	1				1

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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

D.O., President 4/30/99 727-586-7100