FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **375342** **(3)**

1. Corporation Name
PINELLAS SERVICE CORPORATION

Principal Place of Business	Mailing Address
1000 CENTURY PARK DRIVE, 4TH FLOOR P.O. BOX 30316 TAMPA FL 33607	50 N LAURA STREET MC 099-000-1812 ~~XXXXXXXXXX~~ BARNETT TOWER JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1971
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

4. FEI Number: 59-1316724 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No **on consolidated basis**

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEAD, JAMES A 50 N. LAURA STREET ~~XXXXXXXXXX~~ MC 099-000-1812 JACKSONVILLE FL 32202	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) (Must be Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	D/S/T/V	☒ Change ☐ Addition
NAME	~~CASSIDY, DALE W~~	12 NAME	HEAD, JAMES A.	
STREET ADDRESS	~~200 CENTRAL AVENUE~~	13 STREET ADDRESS	50 N.LAURA ST., MC: 099-000-1812	
CITY ST ZIP	~~ST. PETERSBURG FL~~	14 CITY ST ZIP	JACKSONVILLE, FL 32202	
TITLE	~~VP~~	21 TITLE	V	☒ Change ☐ Addition
NAME	LYCKBERG, SCOTT E.	22 NAME		
STREET ADDRESS	200 CENTRAL AVENUE	23 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP		
TITLE	~~VPD~~	31 TITLE	P/D	☒ Change ☐ Addition
NAME	~~IVAS, RICHARD T.~~	32 NAME	MILLER, ROBERT F., JR.	
STREET ADDRESS	~~200 CENTRAL AVENUE~~	33 STREET ADDRESS	50 N. LAURA ST., MC: 099-000-1830	
CITY ST ZIP	~~ST. PETERSBURG FL~~	34 CITY ST ZIP	JACKSONVILLE, FL 32202	
TITLE	~~SD~~	41 TITLE	D/AS/V	☒ Change ☐ Addition
NAME	~~LATHROP, GLORIA J~~	42 NAME	JARBOE, LLOYD ALLEN, JR.	
STREET ADDRESS	~~200 CENTRAL AVENUE~~	43 STREET ADDRESS	50 N. LAURA ST., MC: 099-000-1830	
CITY ST ZIP	~~ST. PETERSBURG FL~~	44 CITY ST ZIP	JACKSONVILLE, FL 32202	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	KRAMER, WILLIAM G.	
STREET ADDRESS		53 STREET ADDRESS	1000 CENTURY PARK DRIVE, 4th Floor	
CITY ST ZIP		54 CITY ST ZIP	TAMPA, FL 33607	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

6/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ James A. Head (904) 791-5275
(SIGNATURE AND TITLE OF PRINTED NAME OF BOARD OF OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Director, Secretary, Treasurer and Vice President 4/5/95

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