

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 375342

(3)

1. Corporation Name

PINELLAS SERVICE CORPORATION

Principal Place of Business

Mailing Address

1000 CENTURY PARK DRIVE, 4TH FLOOR
P.O. BOX 30318
TAMPA FL 33607

50 N LAURA STREET
MC 099-000-1830
JACKSONVILLE FL 32202-3664
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 099-000-0730

26 Suite, Apt. #, etc.
27 M/C 099-000-3255

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

GHOMESHI, MEHDI
50 N LAURA ST.
MC 099-000-1830
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

01/08/1971

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

81 Name

Gary W. England

82 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street

83

M/C 099-000-0907

84 City

Jacksonville

FL

85 Zip Code
32202

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 of 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

Gary W. England

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE DP
NAME GHOMESHI, MEHDI
STREET ADDRESS 50 N. LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ DELETE

TITLE DV
NAME STORY, DEBORAH
STREET ADDRESS 50 N. LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ DELETE

TITLE DTV
NAME AKINS, ROY
STREET ADDRESS 1000 CENTURY PARK DRIVE, 4TH FLOOR
CITY-ST-ZIP TAMPA FL 33607 ☐ DELETE

TITLE DSV
NAME KRAMER, WILLIAM G
STREET ADDRESS 1000 CENTURY PARK DRIVE, 4TH FLOOR
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV
1.2 NAME Lyckberg, Scott E
1.3 STREET ADDRESS 1000 Century Park Drive, 4th Floor
1.4 CITY-ST-ZIP Tampa, FL 33607 ☐ Change ☒ Addition

2.1 TITLE PD
2.2 NAME Story, Deborah B.
2.3 STREET ADDRESS 50 North Laura Street
2.4 CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE DSV
4.2 NAME Mullins, Robert W.
4.3 STREET ADDRESS 50 North Laura Street
4.4 CITY-ST-ZIP Jacksonville, FL 32202 ☐ Change ☒ Addition

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 do 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

Deborah B. Story

Deborah Story 4/10/97 (904) 791-5710

CR2E034 (9/96)