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

**FILED PROFIT** May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 385889 (1)PILOT HOUSE OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address 2852 20TH AVE., N. 2852 20TH AVE., N. ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1362248 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes Yes 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name DICKSON, V. JAMES ONE PLAZA NE, SUITE 700, BOX 14034 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33733 83 84 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and the P applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 1lĭL€ Change Addition TITLE NAME LEONARD, R A 1.2 NAME 6731 DATE PALM AVENUE S. STREET ADDRESS 1.3 STREET ADDRESS **\$T PETERSBURG FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE SI Addition Channe TITLE 2.1 TITLE LEONARD, E. K. NAME 2.2 NAME 6731 DATE PALM AVENUE S STREET ADDRESS 2.3 STREET ADDRESS **ST PETERSBURG FL** CITY-ST-ZIP 2. 4 City - S1 - ZIP DELETE Change Addition TITLE 3.1 T(TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE NAME 62 NAME

Block 12 or Block 13 if changed, or on an attachment with an address

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP 14. Thereby 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

STREET ADDRESS

CITY-ST-ZIP