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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 464674

1. Corporation Name
VENTURE 74, INC.

Principal Place of Business
8541 BARDMOOR PL N
SEMINOLE FL 33777
US

Mailing Address
8541 BARDMOOR PL N
SEMINOLE FL 33777
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/05/1974

2. Principal Place of Business
21 9050 102ND AVE N

2a. Mailing Address
26 9050 102ND AVE N

4. FEI Number
59-1561463
Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
23 LARGO, FL

City & State
28 LARGO, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip Country
24 33777 25 Pinellas

Zip Country
29 33777 30 Pinellas

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURD, ROBERT L.
10658 SEMINOLE BLVD.
SEMINOLE BLVD. FLORIDA 33544-4993

81 Name HURD, ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable)
801 WEST BAY DR.
83 SUITE 200
84 City LARGO FL 85 Zip Code 33770-3267

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME CHOUINARD, ROBERT W.
STREET ADDRESS 8541 BARDMOOR PLACE N.
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME CHOUINARD, DEAN
STREET ADDRESS 9240 122ND TERRACE N.
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME SKILES, DENISE
STREET ADDRESS 10272 CYPRESS CIR N
CITY-ST-ZIP SEMINOLE FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like-empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W. CHOUINARD 727-398-0876

Date

Daytime Phone #

CR2E034 (11/98)