

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 26 PM 1:25

DOCUMENT # 538467

1. Corporation Name
PFITZCO, INC.

Principal Place of Business

1801 B SAHLMAN DRIVE
TAMPA FL 33605
US

Mailing Address

1801 B SAHLMAN DRIVE
TAMPA FL 33605
US

REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SCHMID, FRITZ
1801 B SAHLMAN DR
TAMPA FL 33605

3. Date Incorporated or Qualified

06/24/1977

4. FEI Number

59-1751736

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ No \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33629

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 607.0606, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/18/99

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
SCHMID, FRITZ
STREET ADDRESS
1801 B SAHLMAN DR
CITY-STATE-ZIP
TAMPA FL

1.2 TITLE ☒ DELETE

NAME
HARRINGTON, JOHN M
STREET ADDRESS
3423 LACEWOOD
CITY-STATE-ZIP
TAMPA FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS

1.7 TITLE ☐ DELETE

NAME
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 300003036049-13

1.3 STREET ADDRESS -11/05/99-01042--006

1.4 CITY-STATE-ZIP ***750.00 ***750.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

10/18/99 813 2481668

CR2E034 (11/98)