

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 670663

(4)

1. Corporation Name

PUBLIC INTEREST CORPORATION

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/20/1980
3a. Date of Last Report 02/25/1994

4. FEI Number 59-2067541
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

Principal Place of Business
7201 E. HILLSBOROUGH AVE.
P.O. BOX 32
TAMPA FL 33601
US

Mailing Address
7201 E. HILLSBOROUGH AVE.
P.O. BOX 32
TAMPA FL 33601
US

2. Principal Place of Business
21 7201 E. Hillsborough Ave.
Suite, Apt. #, etc.

2a. Mailing Address
26 7201 E. Hillsborough Ave.
Suite, Apt. #, etc.

22 City & State
23 Tampa, FL

27 City & State
28 Tampa, FL

24 Zip 33610
25 Country USA

29 Zip 33610
30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIPER, MICHAEL B.
3637-4TH ST., N. #410
ST. PETERSBURG FL 33704

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 607.1908, 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 of person who is not a registered agent and is not a director

NOTE: Registered Agent signature required after filing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE DC
12 NAME JOHNSON, DAN L
13 STREET ADDRESS 646 BOCA CIEGA ISLE
14 CITY ST ZIP ST PETE BCH, FL 00000
11 TITLE PD
12 NAME JOHNSON, BETTY JO
13 STREET ADDRESS 646 BOCA CIEGA ISLE
14 CITY ST ZIP ST PETE BEACH FL
11 TITLE VD
12 NAME HORTON, FRED D
13 STREET ADDRESS 1010 AM. EAGLE BLVD, #617
14 CITY ST ZIP SUN CITY CENTER FL
11 TITLE TD
12 NAME KEELEAN, ROBERT G.
13 STREET ADDRESS 1920 CAROLINA AVE.
14 CITY ST ZIP ST. PETERSBURG FL
11 TITLE SD
12 NAME PIPER, MICHAEL B.
13 STREET ADDRESS 1964 CAROLINA AVE., N.E.
14 CITY ST ZIP ST. PETERSBURG FL
11 TITLE D
12 NAME TOURTELOT, JACK
13 STREET ADDRESS 516-55TH ST
14 CITY ST ZIP ST PETERSBURG BCH FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
11 TITLE ☒ Change ☐ Addition
12 NAME Delete "V" "D" O.K.
13 STREET ADDRESS 6909 - 9th St. So.
14 CITY ST ZIP St. Petersburg, FL 33705
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan L. Johnson, Director/Chairman of the Board

March 24, 1995 813/626-3232

DATE

Telephone Number