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FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMEN STATE
Sandra B. Mort
Secretary of S
DIVISION OF CORPCIONS

DOCUMENT # **688057** (9)

1. Corporation Name
DAK OF PINELLAS, INC.

Principal Place of Business	Mailing Address
C/O W.L. SCHAFER JR. PA 2430 ESTANCIA BLVD #108 CLEARWATER FL 34621-2607	C/O W.L. SCHAFER JR. PA 2430 ESTANCIA BLVD #108 CLEARWATER FL [redacted]-2607 33761

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Co (30)

3. Date Incorporated or Qualified: 09/17/1980

4. FEI Number: 59-2027264 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHAFER, WALTER L
C/O W.L. SCHAFER JR. PA
2430 ESTANCIA BLVD #108
CLEARWATER FL 34621-2607

10. Name and Address of New Registered Agent

Name

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

City **FL** (85) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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: Required signature when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	☐ DELETE	1.1 T	☐ Change ☐ Addition
NAME	KELLEY, DEBORAH A		1.2 N	
STREET ADDRESS	30 LAKE COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 T	☐ Change ☐ Addition
NAME			2.2 N	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 T	☐ Change ☐ Addition
NAME			3.2 N	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 T	☐ Change ☐ Addition
NAME			4.2 N	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 T	☐ Change ☐ Addition
NAME			5.2 NA	PE 1.16
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TI	☐ Change ☐ Addition
NAME			6.2 NA	500002404745
STREET ADDRESS			6.3 STREET ADDRESS	-01/20/98--01061--011
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exe 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 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.

813-942-2128

SIGNATURE: Deborah A Kelley Jan. 6, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0399144