FILE NOW: FILING FEE AFTER MAY 1ST IS $0.00

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **688057** **(9)**

1. Corporation Name
DAK OF PINELLAS, INC.

Principal Place of Business
C/O W.L. SCHAFER JR. PA
2430 ESTANCIA BLVD #108
CLEARWATER FL 34621-2607

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1980

4. FEI Number
59-2027264
Applied For
Not Applicable

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

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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS

TITLE	PTSD	☐ DELETE
NAME	KELLEY, DEBORAH A	
STREET ADDRESS	30 LAKE COURT	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 T		☐ Change ☐ Addition
1.2 N		
1.3 S DRESS		
1.4 C ZIP		
2.1 T		☐ Change ☐ Addition
2.2 N		
2.3 S DRESS		
2.4 C ZIP		
3.1 T		☐ Change ☐ Addition
3.2 N		
3.3 S DRESS		
3.4 C ZIP		
4.1 T		☐ Change ☐ Addition
4.2 N		
4.3 S DRESS		
4.4 C P		
5.1 T		☐ Change ☐ Addition
5.2 N		
5.3 S DRESS		
5.4 C P		
6.1 T		☐ Change ☐ Addition
6.2 N		
6.3 S DRESS		
6.4 C P		

PE
1.16

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***150.00

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 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: Deborah A Kelley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: Jan. 6, 1998 — Daytime Phone # 813-942-2128

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