FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 737927 (4)

1. Corporation Name

SOLVE OF PASCO COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
6708 WASHINGTON ST NEW PORT RICHEY FL 34652	6708 WASHINGTON ST NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 01/26/1977
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business: 21 S.O.L.V.E. Same as above
Suite, Apt. #, etc.: 22 6708 Washington St.
City & State: 23 New Port Richey, Fl.
Zip: 24 34652. Country: 25 Pasco

2a. Mailing Address: 26 Same as above
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30 Pasco

4. FEI Number: 59-2769003 ☐ 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

9. Name and Address of Current Registered Agent

O'CONNOR, RITA M
7301 JASMINE BLVD
NEW PORT RICHEY FL 34668

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	RS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'REILLY, FRANCES		1.2 NAME		
STREET ADDRESS	7452 SEQUOIA DRIVE, EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 CITY-ST-ZIP		
TITLE	SPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, GERARD F		2.2 NAME		
STREET ADDRESS	5430 HIGH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL, 34652.		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DUSTEN, MARIE		3.2 NAME		
STREET ADDRESS	3806 SABLEWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL, 34691		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, RITA		4.2 NAME		
STREET ADDRESS	7301 JASMINE BOULEVARD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VERBA, RITA		5.2 NAME		
STREET ADDRESS	2935 WESTMORELAND COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, RITA M.		6.2 NAME		
STREET ADDRESS	7301 JASMINE BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rita M. O'Connor, Director 1-23-96 813-863-2295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #