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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 US	6708 WASHINGTON ST NEW PORT RICHEY FL 34652-1957

3. Date Incorporated or Qualified: **01/26/1977**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business — 21: Same as above
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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 PORT RICHEY FL 85 Zip Code 34668

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 Rita M. O'Connor Jan. 8-1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		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		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	VP. ☒ Change ☐ Addition
NAME	VERBA, RITA		5.2 NAME	Stella Madura
STREET ADDRESS	2935 WESTMORELAND COURT		5.3 STREET ADDRESS	7748 Cherry Tree Lane
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP	New Port Richey, Fl. 34653
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 (9/96)

14. I do 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 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 REQUIRED Jan. 8-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Rita M. O'CONNOR
Daytime Phone # 0067914