## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(2)

THE CHMODACT TIGED DAY OFFICE INC

. I 1881 MARIA ATARA MARIA LAKKA BARAN PAHA RAHA BALAK ATAM BALAK ATAM BALAK ATAM

**FILED** 

Apr 30 1998 8:00am

Secretary of State

Principal Plant of Business						
Principal Place of Business Malling Address		Malling Address				
5310 4TH STRE		5310 4TH STREET NORTH	_	3. Date Incorporated or Qualified		
ST. PETEERSBURG FL 33703 ST. PETE		ST. PETEERSBURG FL 3370	13	02/01/1978		
				4. FEI Number Applied For		
				<b>59-1906808</b> Not Applicable		
		2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional		
21 26				Fee Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be		
22 27 City & State		City & State		Trust Fund Contribution Added to Fees		
23		28		7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	26		30	Personal Property Tax due June 30. Yes No		
<del></del>	9. Name and Address of Curren		1	10. Name and Address of New Registered Agent		
		<del></del>	81 Name			
THOMAS	WHITEMAN, JR.		82 Street	Address (D.O. Day N. archards No. Acceptable)		
	H STREET NORTH		62 Street	Address (P.O. Box Number is Not Acceptable)		
1	ERSBURG FL 33703		83			
			84 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named			
office or r	egistered agent, or both, in the State m familiar with, and accept the oblica	of Florida. Such change was a ations of Section 617 0503. Flo	uthorized by the cor	poration's board of directors. I hereby accept the appointment as registered		
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 age	ent and title if applicable (NOTE	Registered Agent signature	e required when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<b>K K D</b> ELETE	1.1 TITLE	XX Change Addition		
NAME	RUGGLES, DOROTHY		1.2 NAME	WILSON, GREGORY S.		
STREET ADDRESS	315 COURT ST		1.3 STREET ADDRESS	610 78TH AVENUE		
CITY+ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP	ST. PEZE BEACH, FL 33706		
TITLE	MD	☐ DELETE	2.1 TITLE	Change Addition		
NAME	QUINN, JANELLE		2.2 NAME			
STREET ADDRESS	7310 SUNSHINE SKYWAY LN	I SO #212	2.3 STREET ADDRESS	6609 30TH STREET SOUTH		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712		
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME	THOMAS WHITEMAN, JR.		3.2 NAME			
STREET ADDRESS	5310 4TH ST. NO.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33703		3.4. CITY-ST-ZIP			
TITLE	SD TOPOG MELANIE	XXDELETE	4.1 TITLE	SD Change Addition		
NAME	TOPPE, MELANIE		4. 2 NAME	MARCIA S. COHEN		
STREET ADDRESS	210 14TH AVE NORTH		4.3 STREET ADDRESS	MARCIA S. COHEN 111 2ND AVE. N.E.		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	ST. PETERSBURG FL 33701		
TITLE	VD	☐ DELETE	5.1 TITLE	PD Change L Addition		
NAME	MOORE, JADE T		5.2 NAME			
STREET ADDRESS	650 SEMINOLE BLVD		5.3 STREET ADDRESS	<u> </u>		
CITY-ST-ZIP	LARGO FL	[ ] beletr	5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-ZiP	artify that the information supplied wi	(the thris diline plane makes, 1981 4.	6.4 CITY-ST-ZIP	15 0 - 10 07/040 51-11-01-11-01		

I 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.

Janelle Quinn 4/21/98

(813) 822-1001