FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR -4 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741890 (8)

1. Corporation Name
PACT, INC.

Principal Place of Business	Mailing Address
1111 MCMULLEN BOOTH RD CLEARWATER FL 34619-3219	1111 MCMULLEN BOOTH RD CLEARWATER FL 34619-3219

ITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1803628 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	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)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ELISSA O. GETTO, EXECUTIVE DIRECTOR
C<O PACT, INC.
1111 MCMULLEN BOOTH ROAD
CLEARWATER FL 33519

10. Name and Address of New Registered Agent

81 Name: Thomas R. Giddens, Interim Executive Dir.
82 Street Address (P.O. Box Number is Not Acceptable): PACT, INC.
83: 1111 McMullen Booth Road
84 City: Clearwater FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Thomas R. Giddens 3/27/95
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	DCEO	1.1 TITLE	Interim Executive Director	☒ Change ☐ Addition
NAME	GETTO, ELISSA O	1.2 NAME	Giddens, Thomas R.	
STREET ADDRESS	1111 MCMULLEN BOOTH RD	1.3 STREET ADDRESS	13967 Lake Point Drive	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Clearwater, Fl.	
TITLE	PD	2.1 TITLE	President	☒ Change ☐ Addition
NAME	MARIANI, GEORGE	2.2 NAME	Korpan, Richard	
STREET ADDRESS	145 WILLADEL DR.	2.3 STREET ADDRESS	3010 Hargett Lane	
CITY-ST-ZIP	BELLAIR FL	2.4 CITY-ST-ZIP	Safety Harbor, Fl.	
TITLE	VPD	3.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	KORPAN, RICHARD	3.2 NAME	Smout, Les	
STREET ADDRESS	3010 HARGETT LANE	3.3 STREET ADDRESS	2378 Anthony Ave.	
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	Clearwater, Fl.	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	ALPERT, BARRY	4.2 NAME		
STREET ADDRESS	14123 85TH AVE NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	MCHARG, TERRY	5.2 NAME		
STREET ADDRESS	PO BOX 1088 N/A INNISBROOK RSORT	5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	AS	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, LOIS	6.2 NAME		
STREET ADDRESS	1880 DEL ROBLES TERRACE	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP		

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)(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 authorized 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: THOMAS R. Giddens 3/27/95 813-791-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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