# 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 # **741890** **(8)**

1. Corporation Name
**PACT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1111 MCMULLEN BOOTH RD<br>CLEARWATER FL 34619-3219 | 1111 MCMULLEN BOOTH RD<br>CLEARWATER FL 34619-3219 |

3. Date Incorporated or Qualified: 03/07/1978
3a. Date of Last Report: 04/04/1995

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:

4. FEI Number: 59-1803628 ☐ 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**

GIDDENS, THOMAS R
PACT, INC.
1111 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619

**10. Name and Address of New Registered Agent**

81 Name: NANCY SULLIVAN SKINNER
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 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 _____ March 27, 1996
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 | ED | ☐ DELETE | 11 TITLE | ED | XX Change ☐ Addition |
| NAME | GIDDENS, THOMAS R | | 12 NAME | NANCY SULLIVAN SKINNER | |
| STREET ADDRESS | 13967 LAKE POINT DRIE | | 13 STREET ADDRESS | 1109 GLENN LANE | |
| CITY-ST-ZIP | CLEARWATER FL | | 14 CITY-ST-ZIP | SAFETY HARBOR, FL 34695 | |
| TITLE | P | ☐ DELETE | 21 TITLE | P | XX Change ☐ Addition |
| NAME | KORPAN, RICHARD | | 22 NAME | FRANK LOGAN | |
| STREET ADDRESS | 3010 HARGETT LANE | | 23 STREET ADDRESS | 100 SARASOTA ROAD | |
| CITY-ST-ZIP | SAFETY HARBOR FL | | 24 CITY-ST-ZIP | BELLEAIR, FL 34616 | |
| TITLE | VP | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | SMOUT, LES | | 32 NAME | | |
| STREET ADDRESS | 2378 ANTHONY AVE. | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | 34 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 41 TITLE | TD | XX Change ☐ Addition |
| NAME | ALPERT, BARRY | | 42 NAME | KEN HAMILTON | |
| STREET ADDRESS | 14123 85TH AVE NORTH | | 43 STREET ADDRESS | 200 PALM ISLAND, N.W. | |
| CITY-ST-ZIP | SEMINOLE FL | | 44 CITY-ST-ZIP | CLEARWATER, FL 34630 | |
| TITLE | SD | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | MCHARG, TERRY | | 52 NAME | | |
| STREET ADDRESS | PO BOX 1088 N/A INNISBROOK RSORT | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 54 CITY-ST-ZIP | | |
| TITLE | AS | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, LOIS | | 62 NAME | | |
| STREET ADDRESS | 1880 DEL ROBLES TERRACE | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | 64 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)(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:** _____ March 27, 1996 (813) 791-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
NANCY SULLIVAN SKINNER

CR2E037 (12/95)