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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **741890**

1. Corporation Name
PACT, INC.

Principal Place of Business	Mailing Address
1111 MCMULLEN BOOTH RD CLEARWATER FL 33759 US	1111 MCMULLEN BOOTH RD CLEARWATER FL 33759 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/07/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1803628 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ALEXANDER, MARK
1111 MCMULLEN BOOTH RD
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name: Robert Freedman
82 Street Address (P.O. Box Number is Not Acceptable): 1111 McMullen Booth Rd.
83
84 City: Clearwater **FL** 85 Zip Code: 33759

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 Robert A. Freedman
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	1.1 TITLE	ED	☒ Change ☒ Addition
NAME	ALEXANDER, MARK		1.2 NAME	Freedman, Robert	
STREET ADDRESS	9826 INDIAN KEY TRAIL		1.3 STREET ADDRESS	1799 N. Highland Ave., Apt. L178	
CITY-ST-ZIP	SEMINOLE FL 33776		1.4 CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	P	☒ DELETE	2.1 TITLE	PD	☒ Change ☒ Addition
NAME	LOGAN, FRANK		2.2 NAME	Cantonis, James	
STREET ADDRESS	1035 BAY ESPLANADE		2.3 STREET ADDRESS	305 Orlando Road	
CITY-ST-ZIP	CLEARWATER FL 33767-1006		2.4 CITY-ST-ZIP	Belleair, FL 33756	
TITLE	VP	☒ DELETE	3.1 TITLE	VD	☒ Change ☒ Addition
NAME	SMOUT, LES		3.2 NAME	Hamilton, Kenneth	
STREET ADDRESS	2378 ANTHONY AVE.		3.3 STREET ADDRESS	200 Palm Island NW	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☒ Addition
NAME	HAMILTON, KEN		4.2 NAME	Stone, David	
STREET ADDRESS	200 PALM ISLAND N.W.		4.3 STREET ADDRESS	2956 Landmark Way	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Palm Harbor, FL 33767	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☒ Addition
NAME	MCHARG, TERRY		5.2 NAME	Challener, Robert	
STREET ADDRESS	PO BOX 1088 N/A INNISBROOK RSORT		5.3 STREET ADDRESS	1741 East Lagoon Circle	
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	AS	☒ DELETE	6.1 TITLE	AT	☒ Change ☒ Addition
NAME	MILLER, LOIS		6.2 NAME	Ross.III, William A.	
STREET ADDRESS	1880 DEL ROBLES TERRACE		6.3 STREET ADDRESS	125 Devon Drive	
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP	Clearwater, FL 33767	

CR2E037 (11/98)

14. 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, with all other like empowered.

SIGNATURE: Robert A. Freedman SIGNATURE REQUIRED Robert A. Freedman 1/13/99 791-7060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #