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NONPROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742026

1. Corporation Name

ST. PETERSBURG AQUATICS, INC.

Principal Place of Business								
901 N. SHORE DR. NE								
PO BOX 510								
OT DETEROPHISC OF 20724 OF4A								

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

901 N. SHORE DR. NE PO BOX 510

2a. Mailing Address

Suite, Apt. #, etc.

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ST PETERSBURG FL 33731-0510

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90234 049 ****61.25



3. Date Incorporated or Qualifed

03/16/1978

E0_000#100

4. FEI Number

Secretary Secr	22		27				05 3024 100		NC	t Applicable
Zip	City & Sta	ite .	City & S	State			5. Certifcate of Status Desired			
25 29 30 Trust Fund Contribution Added to Fees										· —
9. Name and Address of Current Registered Agent 19. Name and Address of New Registered Agent 19. Name and Addres		· ·	⊢ '	_	¬ `		, -			•
NARDOZZI, PATRICIA 6346-27TH AVENUE NORTH ST PETERSBURG FL 33710 82 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 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, a manual content of the bulgations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NARDOZZI, PATRICIA 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NARDOZZI, PATRICIA 13. STREET ADDRESS SAG-27TH AVEN NORTH 13. STREET ADDRESS STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 14. OTV-57-29 14. OTV-57-29 15. TPETERSBURG FL 16. ST STREET ADDRESS ST PETERSBURG FL 17. TITLE NAME ST PETERSBURG FL 17. TITLE NAME ST PETERSBURG FL 18. City FL NOTE Registered Agents agreture required when remediating) 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. STREET ADDRESS ST PETERSBURG FL 18. City ST 29 19. Addition 19. Additio							<u> </u>	Daminiana d		o rees
NARDOZZI, PATRICIA 6346-27TH AVENUE NORTH ST PETERSBURG FL 33710 82 41 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 (502 and 617 (508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 (503, Florida Statutes, agent. I am familiar with, and accept the obligations of, Section 617 (503, Florida Statutes). SIGNATURE Time		9. Name and Address of Current	Registered Ag	ent	94	Nama	10. Name and Address of New	Kegistered A	gent	
6346-27TH AVENUE NORTH ST PETERSBURG FL 33710 88 Step					"	Name				
ST PETERSBURG FL 33710 Sa	NARDOZZI, PATRICIA					Street A	ddress (P.O. Box Number is Not Accept	able)		
SI PETERSBURG FL 33/10 84 City FL 85 Zip Code 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 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 office or registered value of the provision of Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	•									
T1. Pursuant to the provisions of Sactions 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 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 office or registered agent, and remiliar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. IT.L. 13. IT.L. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. Addition of the purpose of changing its registered authors as registered of the obligations of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered authorized by the corporation's board of directors. I hereby accept the appointment as registered offices. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND D										
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office or registered agent, or both, in the State of Florida, Such change was unknowned by the corporation's board of director's. I nereby accept the applications of section 617.0503, Florida Statuties. Signature Sign						•				
SIGNATURE SIGNATURE Signature, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hybrid or privide name of registered agent and tile if applicable. (NOTE Registered Agent agent are signature required when revestating) DATE 1.2 OFFICERS AND DIRECTORS IN 12 TITLE NAME NARDOZZI, PATRICIA STREET ADDRESS STEPTERSBURG FL 1.3 STREET ADDRESS STY PETERSBURG FL 1.4 CITY-ST-ZIP STA CASTON AVE NE STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-ZIP STA CASTON AVE NE 22 NAME 22 NAME 23 STREET ADDRESS ST PETERSBURG FL 1.5 STREET ADDRESS ST PETERSBURG FL 1.6 CTY-ST-ZIP TITLE D	11. Pursuant	to the provisions of Sections 617.0502	and 617.1508,	Florida Statutes,	the above	-named o	orporation submits this statement for the	purpose of o	changing its tment as re	registered gistered
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ST PETERSBURG FL	NAME	SKAGGS, BEV	-		2.2 NAME					
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TITLE T	C/TY-ST-ZIP	ST PETERSBURG FL			2. 4 CITY- ST	r- ziP				
NAME BOOTH, JODY 32 NAME JOHNI, ROUISSE STREET ADDRESS 1649 N. DAKOTA AE., NE 33 STREET ADDRESS C# A JITHLA X.E. NO.E. TITLE D DELETE 41 ITILE Change Addition NAME EGAN, COLLEEN 42 NAME 42 NAME CTP-ST-ZIP Change Addition STREET ADDRESS 2250 MERMAID PT NE 43 STREET ADDRESS CTP-ST-ZIP Change Addition TITLE D DELETE 51 TITLE Change Addition NAME DIANNE O'BRIEN 53 STREET ADDRESS CTP-ST-ZIP Change Addition STREET ADDRESS 6100-51ST STREET SOUTH 53 STREET ADDRESS 54 CITY-ST-ZIP Change Addition NAME SUZANNE SANCHEZ 61 DELETE 61 TITLE Change Addition STREET ADDRESS 1808 BAYOU GRANDE BLVD, NE 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS	TITLE			DELETE	3.1 TITLE		TREASURER		☐ Change	Addition Addition
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	CITY-ST-ZIP	ST PETERSBURG FL			6.4 CITY-ST	-ZIP				

4. 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

(11/30)

Applied For