

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90088 020 ****61.25

0066331

DOCUMENT # 755710

1. Corporation Name

INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC

Principal Place of Business

1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 34635

Mailing Address

1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 34635



2. Principal Place of Business

21 **310 10th Ave**

Suite, Apt. #, etc.

22 City & State

23 **INDIAN RKS Beach FL**

Zip Country

24 **33785** 25 **Pineellas**

2a. Mailing Address

26 **P.O. Box 1114**

Suite, Apt. #, etc.

27 City & State

28 **INDIAN ROCKS Beach FL**

Zip Country

29 **33785** 30 **Pineellas**

3. Date Incorporated or Qualified

12/30/1980

4. FEI Number

56-6150993

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

9. Name and Address of Current Registered Agent

PEDICONE, LEON
2304 BAY BLVD #A
INDIAN ROCKS BCH. FL 34635

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
PEDICONE, LEON
STREET ADDRESS **2304 BAY BLVD. #A**
CITY-ST-ZIP **INDIAN ROCKS BCH FL**

TITLE ☐ DELETE
NAME **V**
GREGORY, R W
STREET ADDRESS **3500 GULF BLVD., APT. 214**
CITY-ST-ZIP **BELLEAIR BEACH FL**

TITLE ☐ DELETE
NAME **STD**
MORONI, KENNETH
STREET ADDRESS **310 10 AVENUE**
CITY-ST-ZIP **INDIAN ROCKS BCH. FL**

TITLE ☐ DELETE
NAME **D**
MONASTRA, EDWIN J.
STREET ADDRESS **615 16TH ST. N.W.**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE
NAME **D**
HART, DONALD J.
STREET ADDRESS **456 HARBOR DR., NORTH**
CITY-ST-ZIP **INDIAN RCKS BCH, FL00000**

TITLE ☐ DELETE
NAME **D**
KUMPF, MARGARET L.
STREET ADDRESS **9596 141ST ST N.**
CITY-ST-ZIP **LARGO FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

STANDARD KENNETH D MORONI STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

727-595-1369
Daytime Phone #

CR2E037 (11/98)