# 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

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DIVISION OF CORPORATIONS
95 MAR 24 PM 2:33

DOCUMENT # 769533 (1)

1. Corporation Name

PRIVATE INDUSTRY COUNCIL OF PASCO COUNTY, INCORP ORATED

| Principal Place of Business | Mailing Address |
|---|---|
| 8723 PORT RICHEY VILLAGE LOOP<br>PORT RICHEY FL 34668 | 8723 PORT RICHEY VILLAGE LOOP<br>PORT RICHEY FL 34668 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2311632 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

THORNTON, RONALD G.
6645 RIDGE ROAD SUITE ONE
PORT RICHEY FL 34668

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | SD | 1.1 TITLE | SECRETARY D | ☒ Change ☐ Addition |
| NAME | LOHER, DON | 1.2 NAME | GERI MIZE | |
| STREET ADDRESS | 5837 TROUBLE CREEK RD | 1.3 STREET ADDRESS | 11704 HIGHWAY 301 | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 1.4 CITY-ST-ZIP | DADE CITY, FL 33525 | |
| TITLE | VD | 2.1 TITLE | PRESIDENT D | ☒ Change ☐ Addition |
| NAME | KINNARD, CAROL | 2.2 NAME | CAROL KINNARD | |
| STREET ADDRESS | P.O. BOX 0189 N/A | 2.3 STREET ADDRESS | P.O. BOX 0189 N/A | |
| CITY-ST-ZIP | P. RICHEY FL | 2.4 CITY-ST-ZIP | PORT RICHEY, FL 34668 | |
| TITLE | PD | 3.1 TITLE | VICE PRESIDENT D | XX Change ☐ Addition |
| NAME | SMITHWICK, ROSANNE | 3.2 NAME | BRENDA MINTON | |
| STREET ADDRESS | 6123-4 RIDGE RD | 3.3 STREET ADDRESS | 2020 LAND O'LAKES BLVD. | |
| CITY-ST-ZIP | PORT RICHEY FL | 3.4 CITY-ST-ZIP | LUTZ, FL 33549 | |
| TITLE | TD | 4.1 TITLE | TREASURER D | XX Change ☐ Addition |
| NAME | KITCHENS, PENNY | 4.2 NAME | WILLIAM REAM | |
| STREET ADDRESS | 8949 GALL BLVD | 4.3 STREET ADDRESS | 5827 13TH AVENUE | |
| CITY-ST-ZIP | ZEPHYRHILLS FL | 4.4 CITY-ST-ZIP | NEW PORT RICHEY, FL 34652 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 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 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:** Carol L. Kinnard CAROL L. KINNARD PRESIDENT 3-21-95 (813) 847-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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