

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F64708 (3)

1. Corporation Name:
P. K. ANTHONY, INC.

Principal Place of Business

41681 SEMINOLE BOULEVARD
LARGO FL 34646
US

Mailing Address

PO BOX 66481
ST PETERSBURG FL 33736
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	✓ 6791 49th North	26	✓	01/26/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
✓ Pinellas Park FL		✓ Same		59-1960980	
City & State		City & State		Applied For	
23		28		5. Certificate of Status Desired	
✓ 33781		✓		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
USA		USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANTHONY RAY, PAMELA 612 79 TERR N #102 ST. PETERSBURG FL 33702 Hector R. Corzo				81 Name ✓ Hector R. Corzo	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				✓ 13532 74th or N	
				83 Seminole FL 33776	
				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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PBS	1.1 TITLE	✓ Change <input type="checkbox"/> Addition
NAME	ANTHONY, PAMELA	1.2 NAME	Corzo, Hector
STREET ADDRESS	5000 GULF BLVD, #902	1.3 STREET ADDRESS	✓ Same as Above
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	✓ Change <input type="checkbox"/> Addition
TITLE	VPT	2.1 TITLE	✓ Change <input type="checkbox"/> Addition
NAME	CORZO, HECTOR	2.2 NAME	Same as Principal Place of Business
STREET ADDRESS	41681 SEMINOLE BOULEVARD	2.3 STREET ADDRESS	✓
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	✓
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE 

CR2E034 (10/97)