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Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000002900 (6)

1. Corporation Name

PRIORITY ONE AMERICA, INC.

Principal Place of Business

1749 NORTHGATE BLVD.  
SARASOTA FL 34234

Mailing Address

1749 NORTHGATE BLVD.  
SARASOTA FL 34234-2138

3. Date Incorporated or Qualified

08/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 1678 Independence Blvd.

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34234-2103

Country

2a. Mailing Address

26 1678 Independence Blvd.

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34234-2103

Country

30

4. FEI Number

68-0317050

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CUNNINGHAM, COLIN  
1749 NORTHGATE BLVD.  
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name

Colin Cunningham

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

1678 Independence Blvd.

83

84 City

Sarasota,

FL

85 Zip Code

34234

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

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 DPST  
NAME CUNNINGHAM, COLIN  
STREET ADDRESS 1749 NORTHGATE BLVD.  
CITY-ST-ZIP SARASOTA FL 34234

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME Colin Cunningham  
1.3 STREET ADDRESS 1678 Independence Blvd.  
1.4 CITY-ST-ZIP Sarasota, FL 34234-2103

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

941/355-6766

Daytime Phone

0426242

CR2E034 (9/96)