

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

FILED
Feb 06 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 # **G36758** (2)
1. Corporation Name
PIPELINE, INC. OF PINELLAS COUNTY



Principal Place of Business
**627 WILDWOOD PARKWAY
CAPE CORAL FL 33904**

Mailing Address
**PO BOX 58283
ST PETERSBURG FL 33715-8283
US**

3. Date Incorporated or Qualified
05/03/1983

3a. Date of Last Report
04/02/1996

2. Principal Place of Business
21 **5838 MASTERS BLVD.**
Suite, Apt. #, etc.
22
City & State
23 **ORLANDO, FL**
Zip
24 **32819** Country
25

2a. Mailing Address
26 **5838 MASTERS BLVD.**
Suite, Apt. #, etc.
27
City & State
28 **ORLANDO, FL**
Zip
29 **32819** Country
30

4. FEI Number
59-2290418

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
**STEWART, SALLY A
1101 PINELLAS BAYWAY SUITE 202
TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
5838 MASTERS BLVD.

83

84 City
ORLANDO FL 85 Zip Code
32819

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 ☐ DELETE
NAME **VD**
STREET ADDRESS **STEWART, SHELLEY D.**
CITY-ST-ZIP **627 WILDWOOD PARKWAY**
CAPE CORAL FL

TITLE ☐ DELETE
NAME **PCT**
STREET ADDRESS **STEWART, SALLY A**
CITY-ST-ZIP **627 WILDWOOD PARKWAY**
CAPE CORAL FL

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **STEWART, SALLY A**
CITY-ST-ZIP **627 WILDWOOD PARKWAY**
CAPE CORAL FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **5838 MASTERS BLVD**
1.4 CITY-ST-ZIP **ORLANDO, FL 32819**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **5838 MASTERS BLVD.**
2.4 CITY-ST-ZIP **ORLANDO, FL 32819**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5838 MASTERS BLVD.**
3.4 CITY-ST-ZIP **ORLANDO, FL 32819**

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

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

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

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 in an attachment with an address.

SIGNATURE
SALLY A STEWART PRES 01-12-97

CR2E034 (9/96)