Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90101 023 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUI	MENT # G4732	2					
i. Corporation	Name ALTY OF PINELLAS, INC.						
LLL HL	ALI 7 OI TIMELENO, INO				I KRAIKKII BAIK BYAKI (HERB IKHKI IKHKA KIAL BIAL		ANI BIBNI IAN
Principal Place of Business Mailing Address					I (EBI))) asir elen (ease (ene siele iie) bion	#1#11 #1#11 #1#11 #1	#II- #1#FI (##I
15500 N EVERO	GREEN THE LANDINGS	2141 PADDOCK CIRCLE					
2E SUITE A DUNEDIN FL 34698					DO NOT WRITE IN THIS	S SPACE	
CLEARWATER FL 34622 US US				3. Date Incorporated or Qualifed		\neg	
00					07/05/1983		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Арр	lied For
26					59-2303576	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	I
22		27			V. 001111010 01 011110 01011	Fee Rec	
	e	City & State			-6Election Campaign Financing	-	May-Be
23	28				Trust Fund Contribution	Added to	rees
Zip	Country Zip		Country 30	'	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Curro	29 ent Registered Agent	[30]	 -	10. Name and Address of New Registered		
			81	Name			
	CHARLES R III		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
2141 PADDOCK CIRCLE			02	Sireer Add	iless (F.O. Box Number is Not Acceptable)		
DUNEDIN FL 34698			83				
			84	City		85 Zip C	ode
				1 1	FI FI	L	
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Stat m familiar with, and accept the oblig	re of Florida. Such change was a	utnorizea by	r the corporati	poration submits this statement for the purpose con's board of directors. I hereby accept the appo	of changing its regintment as reg	egistered istered
	m tamınar witti, and accept the obliq	gations of, Section 607,0505, Pio	riua Statutes	,			Ì
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	. Registered Age	int signature requir	ed when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PDST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	LEE, CHARLES R III		1.2 NAME				
STREET ADDRESS	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			TADDRESS			
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-5	ST-ZIP		Change	Addition
TITLE			2.1 TITLE			cridingo	
NAME			2.2 NAME				,
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	☐ DELETE		2.4 CITY- 3.1 TITLE	31-DF		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE	☐ DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4, 2 NAME	:			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE			5.1 TITLE		•.	Change	☐ Addition
NAME			5.2 NAME		·	•	
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP		DELETE	5.4 CITY-5 6.1 TITLE	31-21		☐ Change	Addition
TITLE			6.2 NAME				
NAME STREET ADDRESS				T ADDRESS			
STREET ADDRESS							

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/99