

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN -7 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G48198.

1. Corporation Name

PABLO INVESTORS CORPORATION

Principal Place of Business

30 PABLO STREET
POST OFFICE BOX 2098
LAKELAND FL 33803

Mailing Address

130 PABLO STREET
POST OFFICE BOX 2098
LAKELAND FL 33803

02/22/99 90066 009 \$158.75

3. Date Incorporated or Qualified
07/11/1983

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

29 30

4. FEI Number

59-2320427

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

EASON, DONALD
130 PABLO ST
LAKELAND FL 33806

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
V D
STREET ADDRESS
NAIMAN, RICHARD A.
130 PABLO STREET
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
PD
STREET ADDRESS
EASON, DONALD
130 PABLO STREET
CITY-ST-ZIP
LAKELAND FL 33806

TITLE ☐ DELETE

NAME
TD
STREET ADDRESS
MELTON, JAMES D., JR.
130 PABLO STREET
CITY-ST-ZIP
LAKELAND FL

TITLE ☒ DELETE

NAME
D
STREET ADDRESS
BASS, SHELTON T.
130 PABLO STREET
CITY-ST-ZIP
LAKELAND FL

TITLE ☐ DELETE

NAME
SD
STREET ADDRESS
AGUIAR, SUSAN
130 PABLO STREET
CITY-ST-ZIP
LAKELAND FL 33803

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
EVANS, DAVID R
130 PABLO STREET
CITY-ST-ZIP
LAKELAND FL 33803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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

6-9-99

941-284-5906