

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G83868** (1)  
1. Corporation Name  
**PA 02, INC.**



Principal Place of Business: **% CYNTHIA STEWART TUIT, 516 75 ST., HOLMES BEACH FL 34217**  
Mailing Address: **% CYNTHIA STEWART TUIT, 516 75 ST., HOLMES BEACH FL 34217**

3. Date Incorporated or Qualified: **02/08/1984**  
3a. Date of Last Report: **07/10/1995**

21	2. Principal Place of Business <b>3815 26TH ST. W.</b>	26	2a. Mailing Address <b>3815 26TH ST. W.</b>	4.	FEI Number <b>59-2365708</b>	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State <b>BRADENTON FL</b>	28	City & State <b>BRADENTON FL</b>	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip <b>34205</b>	25	Country <b>MAHATKA</b>	29	Zip <b>34205</b>	30	Country <b>MAHATKA</b>

9. Name and Address of Current Registered Agent  
**TUIT, CYNTHIA STEWART  
516 75 ST.  
HOLMES BEACH FL 34217**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, JOHN B.</b>	
STREET ADDRESS	<b>3150 GRAF #11</b>	
CITY-ST-ZIP	<b>BOZEMAN MT</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TUIT, NICHOLAS, JR.</b>	
STREET ADDRESS	<b>516 75 ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>TUIT, CYNTHIA STEWART</b>	
STREET ADDRESS	<b>516 75 ST.</b>	
CITY-ST-ZIP	<b>HOLMES BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>107 50TH STREET N.W.</b>
2.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>107 50TH STREET N.W.</b>
3.4 CITY-ST-ZIP	<b>BRADENTON, FL 34209</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Cynthia Tuit **CYNTHIA TUIT** 5/1/96 941-746-7451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)