

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

DOCUMENT # H41658

1. Corporation Name

PARKING AREA MAINTENANCE, INC.

Principal Place of Business

5009 N COOLIDGE AVE.  
TAMPA FL 33614

Mailing Address

~~5009 N COOLIDGE AVE.~~  
~~TAMPA FL 33614~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1985

4. FEI Number

59-2502053

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. Box 24270

27 Suite, Apt. #, etc.

28 City & State

29 Tampa FL

30 Zip Country

31 33623

32

9. Name and Address of Current Registered Agent

GILLIGAN, TERRIE L.  
12527 TWIN BRANCH ACRES RD  
TAMPA FL 33626

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME GILLIGAN, TERRIE L.  
STREET ADDRESS 12527 TWIN BRANCH ACRES  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VD  
NAME GILLIGAN, PATRICK J.  
STREET ADDRESS 12527 TWIN BRANCH ACRES  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE V  
NAME STANISLAUS, TODD M.  
STREET ADDRESS 8207 CRENSHAW CR  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE S  
NAME STANISLAUS, MARY C.  
STREET ADDRESS 8207 CRENSHAW CR  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VP  
NAME FOSTER, KENNETH G  
STREET ADDRESS 610 SHORE DRIVE  
CITY-ST-ZIP OLDSMAR FL

☐ DELETE

TITLE VP  
NAME LEET, THOMAS R  
STREET ADDRESS 9917 COUNTRY CARRIAGE CIR  
CITY-ST-ZIP RIVERVIEW FL 33569

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ 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 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

Date

Daytime Phone #

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90107 035 \*\*\*158.75



CR2E034 (1/98)