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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

CITY-ST-ZIP

CICNIATIIDÉ

J27338

WAYNE PITTS REAL ESTATE & FINANCE, INC.

Principal Place of Business Mailing Address 210 S. BURLINGAME AVENUE 210 S. BURLINGAME AVENUE TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/01/1986</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2754253 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PITTS. R WAYNE 210 SO. BURLINGAME AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **TEMPLE TERRACE FL 33617** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 d applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE DP 1.1 TITLE PITTS, R. WAYNE 1.2 NAME 2312 W. HAMILTON ST. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-\$T-ZIP DELETE Change Addition TITLE 2.1 TITLE PITTS, JAMES T. 2.2 NAME 507 BROXBURN AVE. STREET ADDRESS 2.3 STREET ADDRESS TEMPLE TERRACE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change ___ Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 receive 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.

FILED

Mar 26 1998 8:00am

Secretary of State