

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J75963 (5)

1. Corporation Name

PINELLAS PARK SQUARE, INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 10: 51

Principal Place of Business

**10397 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411**

Mailing Address

**10397 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1987

3a. Date of Last Report

04/28/1994

4. FEI Number

59-2827116

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**ABLE, DIANE
10397 SOUTHERN BLVD
ROYAL PALM BEACH FL 33411**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MILLER, ROBERT L.
10397 SOUTHERN BLVD
ROYAL PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
MILLER, LINNETTE
10397 SOUTHERN BLVD
ROYAL PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
AUSTIN, CHRISTOPHER
10397 SOUTHERN BLVD
ROYAL PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**ST
ABLE, DIANE
10397 SOUTHERN BLVD
ROYAL PALM BCH. FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P/D
Myron Miller
10397 Southern Boulevard
Royal Palm Beach, FL 33411**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

DELETE

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

DELETE

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

DELETE

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**P/D
Myron Miller
10397 Southern Boulevard
Royal Palm Beach, FL 33411**

☐ Change ☒ Addition

☐ Change ☐ Addition

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 110.07(2)(b), 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 as an attachment with an address.

SIGNATURE: Myron Miller Myron Miller, Pres/D.

(407) 790-1414

(Signature and Title on Printed Name of Signing Officer or Director)

(Date)

(Typed Name)