Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90103 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 10000

1999

 Corporation 	I OF PINELLAS, INC.					
Principal Place of Business Mailing Address					# 100%1440 4183 40410 14000 11140 10711 0401 0401 0	FOLL DIGHT OF DIE HOUSE OF FREE
% BRIAN J. TONER 5797 38TH AVENUE NORTH 57. PETERSBURG FL 33710 ST. PETERSBURG FL 33710					DO NOT WRITE IN THIS	SPACE
	·	•			06/25/1987	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2844676	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<u>. </u>	a Flating Compaign Financing	\$5.00 May Be
23	e.	28		-	6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip				i .	This corporation owes the current year Int Personal Property Tax.	angible □Yes □No
	9. Name and Address of Current	<u> </u>			10. Name and Address of New Registered	Agent
70.0			81	Name		
TONER, BRIAN J. 5797 38TH AVENUE NORTH			82		ess (P.O. Box Number is Not Acceptable)	
51.1	PETERSBURG FL 33710		83			
•		,	84		FL	85 Zip Code
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation BHAN J. Toner Signature, typed or printed name of registered agent	r Florida. Such change was au ons of, Section 607.0505, Flori	da Statutes	the corporations.		er:
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12 Change Addition
TITLE	D	☐ DELETE	1.1 TITLE			Citatige C Addition
NAME STREET ADDRESS	BARGER, BILLIE A. 5797 38TH AVENUE NORTH ST. PETERSBURG FL		1	T ADDRESS		
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S 2.1 TITLE	SI-ZIP		☐ Change ☐ Addition
YITLE NAME	D Toner, Brian J.	<u> </u>	2.2 NAME		, •	
STREET ADDRESS	5797 38TH AVENUE NORTH		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		-	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3,3 STREE	TADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	4.1 TITLE			
NAME			4, 2 NAME	T ADDRESS		
STREET ADORESS CITY-ST-ZIP			4.4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE	51-21-		☐ Change ☐ Addition
NAME			5.2 NAME		•	
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP		<u> </u>	5.4 CiTY-S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		ļ

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SELECTORE REQUIRED
SIGNATURE AND PAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727 384-0887