

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

FILED

Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K34170 (6)

1. Corporation Name  
PRIME INTERESTS, INC.



Principal Place of Business

% RICHARD E. GEHRING  
216 E. POLK ST.  
TAMPA FL 33602

Mailing Address

% RICHARD E. GEHRING  
216 E. POLK ST.  
TAMPA FL 33602-3631

2. Principal Place of Business

2a. Mailing Address

21 748 Broadway

26 748 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 202

27 Suite 202

City & State

City & State

23 Dunedin, FL

28 Dunedin, FL

Zip

Zip

24 34698

29 34698

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
09/26/1988

3a. Date of Last Report  
01/30/1996

4. FEI Number  
59-2909560

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

10. Name and Address of New Registered Agent

GEHRING, RICHARD E.  
216 E. POLK ST.  
TAMPA FL 33602

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 202

84 City Dunedin

FL

85 Zip Code 34698

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 D ☐ DELETE

NAME GEHRING, RICHARD E.  
STREET ADDRESS 216 E. POLK ST.  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME EGNEW, JAMES P.  
STREET ADDRESS 216 E. POLK ST.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 748 Broadway - Suite 202  
1.4 CITY-ST-ZIP Dunedin, FL 34698

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 748 Broadway - Suite 202  
2.4 CITY-ST-ZIP Dunedin, FL 34698

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard E. Gehring  
1/13/97 (813) 734-1910

CR2E034 (9/96)