

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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90031 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55288

1. Corporation Name

BEEHIVE OF TAMPA, INC.

Principal Place of Business
3107 W. HILLSBOROUGH AVE
TAMPA FL 33614

Mailing Address
3107 W. HILLSBOROUGH AVE
TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1989

4. FEI Number

59-2928119

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

2a. Mailing Address

21 4036 W. KENNEDY

26 4036 W. KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28 TAMPA, FL

Zip Country

Zip Country

24 33609

25

29 33609

30

9. Name and Address of Current Registered Agent

PISANI, JOSEPH
1687 E ORANGE CREST DR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name PISANI, JOSEPH

82 Street Address (P.O. Box Number is Not Acceptable)
1807 BROADLEAF CT.

83

84 City NEW PORT RICHEY

FL

85 Zip Code 34683

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	<input type="checkbox"/> DELETE
NAME	PISANI, PAUL F.	
STREET ADDRESS	395 FOREST PARK RD	
CITY-ST-ZIP	OLDSMAR FL 74677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PISANI, ROBERT G.	
STREET ADDRESS	8515 N. OTTAWA	
CITY-ST-ZIP	NILES IL 60646	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PISANI, JAMES P.	
STREET ADDRESS	2870 COUNTRYWOODS LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PISANI, ROBERT, G.
2.3 STREET ADDRESS	4261 W. HARRINGTON LANE
2.4 CITY-ST-ZIP	CHICAGO, IL 60646
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Paul F. Pisani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-99 727-442-7163
Daytime Phone #

CR2E034 (11/98)