**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (4)PALM STATE EQUITIES, INC. Principal Place of Business Mailing Address 721 IMAR DR 721 IMAR DR SHITE 3 SUITE 3 DO NOT WRITE IN THIS SPACE SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 3. Date Incorporated or Qualified 03/15/1989 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 59-2935324 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country ZID Country 8. This corporation owes or has paid the current year Intangible 24 29 Yes Yes ☐ No 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Tuberosa, Rick 12314 MALLORY DR. 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34644** 83 84 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 stered Agent aignature required when reinstating) OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME LUCAS, TIMOTHY 1.2 NAME STREET ADDRESS 5683 KINGFISH DR 13 STREET ADORESS CITY - ST - ZIP LUTZ FL 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 21 TITLE NAME MORGAN, DIANE 2.2 NAME 244 145TH AVE E STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE PERKINS, M J 3.2 NAME NAME STREET ADDRESS 360 CLUB MANOR DR 3.3 STREET ADDRESS CITY-ST-ZIP <u>Sun city center fl</u> 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME TUBEROSA, JAMES RICHARD 4. 2 NAME STREET ADDRESS 12314 MALLORY DR. 4.3 STREET ADDRESS CITY-ST-ZIP LARGO FL 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition TITLE NAME MAHIN, RALPH C. 5.2 NAME 3902 BAY VISTA AVE. STREET ADDRESS 5.3 STREET ADDRESS TAMPA FL 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

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.

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE:

**BURROWS, CECIL** 

560 CARILLON, #300

ST PETERSBURG FL

NAME

STREET ADDRESS

CITY-ST-ZIP