

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

APPROVED  
FILED

99 MAR 26 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1989

4. FEI Number

59-2949116

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

10. Name and Address of New Registered Agent

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K76822</b>			
1. Corporation Name <b>PEC FORT DRUM, INC.</b>			
Principal Place of Business <b>% PAULINE M. FRY ONE PROGRESS PLAZA P.O. BOX 33042 ST. PETERSBURG FL 33701</b>		Mailing Address <b>%PAULINE M. FRY ONE PROGRESS PLAZA P.O. BOX 33042 STE. 2000 ST. PETERSBURG FL 33701</b>	
2. Principal Place of Business	2a. Mailing Address	c/o Pauline Fry	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	Suite 1500	
22 City & State	27 City & State	City & State	
23 Zip	28 Zip	Country	
24	25	29	30
9. Name and Address of Current Registered Agent			
FRY, PAULINE M 3201 34TH STREET SOUTH ST. PETERSBURG FL 33711			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
One Progress Plaza			
83 Suite 1500			
84 City			
St. Petersburg			
FL 85 Zip Code			
33701			
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 not at desk)			
DATE			
12. OFFICERS AND DIRECTORS			
TITLE	DC	<input checked="" type="checkbox"/> DELETE	
NAME	CRITCHFIELD, JACK B.		
STREET ADDRESS	ONE PROGRESS PLAZA		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		
TITLE	VTD	<input type="checkbox"/> DELETE	
NAME	HEINICKA, JEFFREY R		
STREET ADDRESS	3201 34TH STREET, SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33711		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	HALEY, KATHLEEN M.		
STREET ADDRESS	ONE PROGRESS PLAZA		
CITY-ST-ZIP	ST. PETERSBURG FL 33701		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	
NAME	BONNER, ROLAND C		
STREET ADDRESS	3401-34TH STREET SOUTH		
CITY-ST-ZIP	ST PETERSBURG FL 33711		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Korpan, Richard		
1.3 STREET ADDRESS	One Progress Plaza		
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS	One Progress Plaza		
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Richardson, Joseph H.		
3.3 STREET ADDRESS	One Progress Plaza		
3.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
4.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	Saari, Pamela A.		
4.3 STREET ADDRESS	One Progress Plaza		
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
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: *Kathleen H. Haley* Kathleen H. Haley, Secretary

3/24/99

(727) 824-6531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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**PEC FORT DRUM, INC.**

**NAMES OF OFFICERS  
AND DIRECTORS**

<b><u>NAMES OF OFFICERS AND DIRECTORS</u></b>	<b><u>TITLE</u></b>	<b><u>STREET ADDRESS</u></b>	<b><u>CITY AND STATE</u></b>
Heinicka, Jeffrey R.	D/P	One Progress Plaza	St. Petersburg, FL 33701
Korpan, Richard	D	One Progress Plaza	St. Petersburg, FL 33701
Richardson, Joseph H.	D	One Progress Plaza	St. Petersburg, FL 33701
Saari, Pamela A.	VP/T	One Progress Plaza	St. Petersburg, FL 33701
Haley, Kathleen M.	S	3201 34 <sup>th</sup> Street So.	St. Petersburg, FL 33711

D = Director  
P = President  
S = Secretary  
T = Treasurer  
V = Vice President

February 4, 1999