## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

K80842

(3)

DOCUMENT #
1. Corporation Name

22

PIRANHA SCREENS, INCORPORATED

Principal Place of Business

10915 FAIRFIELD VILLAGE DR
TAMPA FL 33624

2. Principal Place of Business
21
Suite, Apt. #, etc.

Mailing Address
10915 FAIRFIELD VILLAGE DR
TAMPA FL 33624

2. Principal Place of Business
2. Suite, Apt. #, etc.

27

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5. Certificate of Status Desired

3a. Date of Last Fence 03/20/1995

Applied For

\$8.75 Additional

Fee Required

Not Applicable

23		28 Oily & Stat	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be			
Zip	Country	Zip	Co	untry		8. This corporation has liability for intal		Adde	ed to Fees	
24	25 29 30					Florida Statutes Yes	igiole tax TNA	gible tax under si 199.032,		
	9. Name and Address of Curre	nt Registered Agen	it			10. Name and Address of New Regi		nent		
2011	<b>TO</b> 11 1114 TO TO			81	Name					
	.TON, JAMES R.		*							
	5 FAIRFIELD VILLAGE DR.			82	Street Ado	ress (P.O. Box Number is Not Acceptable)				
STE 1				83					····	
TAMP	'A FL 33824			"						- 1
				84	City			<b>85</b> Zi	ip Code	
11. Pursuant I	to the provisions of Sections 607 050	2 and 607 1509 Flori	do Ctotuten the abo				FL			
or register	red agent, or both, in the State of Flor	ida. Such change wa	s autho <b>rize</b> d by the a	ove-n corpo	amed corpo pration's boa	ration submits this statement for the purposited of directors. I hereby accept the appointr	of chang	ging its r	registered offic	Э
	th, and accept the obligations of, Sec	tion 607.0505, Florida	a Statutes.			appoint	ieitt as te	Sizretec	zagent ram	
SIGNATURE	Christian Lored Constitution		· · · · · · · · · · · · · · · · · · ·							
12.	Signature, typed or printed name of registered ager	nt and title Papplicable  ND DIRECTORS		Agent	signature require		DATE			٠   ١
TITLE	T P OFFICERS AN	D DINECTORS	13.		·	ADDITIONS/CHANGES TO OFFICER	S AND D	IRECTO	DRS IN 12	
NAME	POULTON, JAMES R.	F" Dr	,		i	•		Change	Addition	
STREET ADDRESS	10815 FAIRFIELD VILLAGE		1.2 N/	AME	ł					[5
	TAMPA FL		1.3 \$1	REET	ADDRESS					10000
CITY-ST-ZP	VP			1Y - ST	-ZIP					Š
TITLE	COYLE, WILLIAM	☐ DE	LETE 2 1 TA	TLE	ĺ			Change	Addition	5
NAME	3428 STALL ROAD		2.2 NA	ME						-
STREET ADDRESS	TAMPA FL		2.3 ST	REETA	ADDRESS					
C/TY-ST-ZIP	T		2 4 C/	TY-\$1	- ZIP					
TITLE	WILMOT, LARRY	☐ DE	LETE 3. 1 11	1LF			[]	Change	☐ Addition	$\dashv$
NAME	444-ESTATE OIR: 10815	FaireFiela Il	Ilana no 3.2 NA	ME			_			
STREET ADDRESS	LAND O LAKES FL- TAM		33 81	REET	ADDRESS					
C(TY-\$1-7/P	ENINO O LANCO (L. / //////	NA PA	34 CI							
TITLE		DEL					T	Change	[ ] Addition	
NAME .			4.2 NA	MF	1		, لــــ	mariga	L Addition	
STREET ADDRESS					DDRESS					-
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TITLE		[] DEL			Lir			hanga	Fil sauce -	
NAME			5.2 NA				F)	Change	Addition	1
STREET ADDRESS					000000					
CITY-S1-ZIP			•		DORESS					
TITLE		[ ] DEI	5.4 CIT		ZIP					_
NAME		LJ DLC	0					hange	Addition	
STREET ADDRESS			6.2 NAI							
CITY-ST-ZIP			6.3 STA							
	certify that the information supplied v	vith this films is usless	6.4 CIT	Y-ST-	ZIP		-···			

certify that the information indicated on this annual report or supplying that and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplying that annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if charged, or or an attach nept with an address.

SIGNATURE:X

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

april 2/1996

813-968-6400