

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
SPECIAL SERVICES
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

DOCUMENT # **L38666**

(8)

95 MAY -1 PM 11:43

P.J.M., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Corporation		2a. Mailing Address		3. Date of Incorporation or Certificate	3a. Date of Last Report
% WATSON R SINDEN ESO 2614 BRYANT CIRCLE TAMPA FL 33629		% WATSON R SINDEN ESO 2614 BRYANT CIRCLE TAMPA FL 33629		12/21/1989	08/04/1994
2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For (Not Applicable)		
21. State Apt. # etc.	26. State Apt. # etc.	59-2984104			
22. City & State	27. City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required		
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees		
24. City	25. City	29. City	7. This corporation is not subject to the provisions of Chapter 447, Florida Statutes ☐ Yes ☒ No		
24. City	25. City	29. City	30. City		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SINDEN, WATSON R. 501 FIRST AVE N SUITE 404 ST PETERSBURG FL 33701		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 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 hereby authorized to sign the statements of the corporation, 1995, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Agent for Service)

(Signature of New Registered Agent or Agent for Service)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D MCCLOSKEY, PAUL J JR 818 30TH AVE N. ST PETERSBURG FL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP CODE		5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	☐ Change ☐ Addition
CITY		7. NAME	☐ Change ☐ Addition
STATE		8. NAME	☐ Change ☐ Addition
ZIP CODE		9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	☐ Change ☐ Addition
CITY		11. NAME	☐ Change ☐ Addition
STATE		12. NAME	☐ Change ☐ Addition
ZIP CODE		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	☐ Change ☐ Addition
CITY		15. NAME	☐ Change ☐ Addition
STATE		16. NAME	☐ Change ☐ Addition
ZIP CODE		17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	☐ Change ☐ Addition
CITY		19. NAME	☐ Change ☐ Addition
STATE		20. NAME	☐ Change ☐ Addition
ZIP CODE		21. NAME	☐ Change ☐ Addition
STREET ADDRESS		22. NAME	☐ Change ☐ Addition
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STREET ADDRESS		26. NAME	☐ Change ☐ Addition
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STREET ADDRESS		66. NAME	☐ Change ☐ Addition
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STATE		76. NAME	☐ Change ☐ Addition
ZIP CODE		77. NAME	☐ Change ☐ Addition
STREET ADDRESS		78. NAME	☐ Change ☐ Addition
CITY		79. NAME	☐ Change ☐ Addition
STATE		80. NAME	☐ Change ☐ Addition
ZIP CODE		81. NAME	☐ Change ☐ Addition
STREET ADDRESS		82. NAME	☐ Change ☐ Addition
CITY		83. NAME	☐ Change ☐ Addition
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CITY		87. NAME	☐ Change ☐ Addition
STATE		88. NAME	☐ Change ☐ Addition
ZIP CODE		89. NAME	☐ Change ☐ Addition
STREET ADDRESS		90. NAME	☐ Change ☐ Addition
CITY		91. NAME	☐ Change ☐ Addition
STATE		92. NAME	☐ Change ☐ Addition
ZIP CODE		93. NAME	☐ Change ☐ Addition
STREET ADDRESS		94. NAME	☐ Change ☐ Addition
CITY		95. NAME	☐ Change ☐ Addition
STATE		96. NAME	☐ Change ☐ Addition
ZIP CODE		97. NAME	☐ Change ☐ Addition
STREET ADDRESS		98. NAME	☐ Change ☐ Addition
CITY		99. NAME	☐ Change ☐ Addition
STATE		100. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 447.001(4) and 447.001(5), Florida Statutes. Further, I certify that the information is true and correct, 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 person or persons empowered to receive the report as required by Chapter 447, Florida Statutes, and that my name appears in the list of officers or directors of the corporation on this form.

SIGNATURE: *Paul J. McCloskey Jr.* PAUL J MCCLOSKEY JR. 4-28-95
WORKING AND VOID ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR