

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L78140** (5)

1. Corporation Name

P.R.F. PROPERTIES, INC.



Principal Place of Business

**5808 MISSOURI AVE.
STE. 6
NEW PORT RICHEY FL 34652
US**

Mailing Address

**5808 MISSOURI AVE.
STE. 6
NEW PORT RICHEY FL 34652
US**

3. Date Incorporated or Qualified
06/04/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **5143 Limestone Dr.**

Suite, Apt. #, etc.

22 City & State
Port Richey, FL

23 Zip
34668

24 Country
USA

2a. Mailing Address

26 **5143 Limestone Dr.**

Suite, Apt. #, etc.

27 City & State
Port Richey, FL

28 Zip
34668

29 Country
USA

4. FEI Number

59-3022447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STILLWAGON, LEWIS R
5808 MISSOURI AVE., STE. 6
NEW PORT RICHEY FL 34652**

81 Name

Lewis R. Stillwagon

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

5143 Limestone Dr.

83

84 City

Port Richey

FL

85 Zip Code

34668

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 **P** ☐ DELETE

NAME **STILLWAGON, LEWIS R.**
STREET ADDRESS **5808 MISSOURI AVE., STE. 6**
CITY-STATE-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☐ DELETE

NAME **MEREDITH, MERY L.**
STREET ADDRESS **5808 MISSOURI AVE., STE. 6**
CITY-STATE-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change: ☐ Addition

1.2 NAME **STILLWAGON, Lewis R.**
1.3 STREET ADDRESS **5143 Limestone Dr.**
1.4 CITY-STATE-ZIP **Port Richey, FL 34668**

2.1 TITLE **S** ☒ Change: ☐ Addition

2.2 NAME **MEREDITH, Mery L.**
2.3 STREET ADDRESS **5143 Limestone Dr.**
2.4 CITY-STATE-ZIP **Port Richey, FL 34668**

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change: ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change: ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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.

SIGNATURE:

Lewis R. Stillwagon Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (813)848-2657

Date

Daytime Phone #

CR2E034 (12/95)