

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90177 004 ***150.00

DOCUMENT # M65729

1. Corporation Name
P. C. V., INC.

Principal Place of Business
% CORP TAX DEPT
8333 BRYAN DAIRY ROAD
LARGO FL 34647
US

Mailing Address
% CORP TAX DEPT
8333 BRYAN DAIRY ROAD
LARGO FL 34647
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1988

4. FEI Number

59-2867131

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 10001

27 Suite, Apt. #, etc.

28 DALLAS TX

29 Zip Country

29 7501-1205 30 US

9. Name and Address of Current Registered Agent

HENDRICKS, LINDA
8333 BRYAN DAIRY RD
ATTN RISK MANAGEMENT
LARGO FL 33777

10. Name and Address of New Registered Agent

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 607.0502 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 AT
NAME MILAM, DENNIS J
STREET ADDRESS 8333 BRYAN DAIRY RD
CITY-ST-ZIP LARGO FL

TITLE VPSD
NAME SANTO, JAMES M
STREET ADDRESS 8333 BRYAN DAIRY RD
CITY-ST-ZIP LARGO FL

TITLE PDCE
NAME NEWMAN, FRANK A.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

TITLE VPT
NAME GLADYSZ, MARTIN W.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

TITLE VPAS
NAME LEWIS, ROBERT E.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

TITLE DCFO
NAME WRIGHT, SAMUEL G.
STREET ADDRESS 8333 BRYAN DAIRY ROAD
CITY-ST-ZIP LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)