

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**Sep 17 1998 8:00am**  
**Secretary of State**

DOCUMENT # **M98529**

(4)

1. Corporation Name  
**PPI ISLAND CLUB INC.**



Principal Place of Business

% RALPH MANN  
3902 BEACH DR SE  
ST PETERSBURG FL 33705

Mailing Address

% RALPH MANN  
3902 BEACH DR SE  
ST PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **2611 SAMMONS RD**

Suite, Apt. #, etc.

22

City & State

23 **PLANT CITY FL**

Zip

24 **33567**

25

Country

2a. Mailing Address

26 **2611 SAMMONS RD**

Suite, Apt. #, etc.

27

City & State

28 **PLANT CITY FL**

Zip

29 **33567**

30

Country

3. Date Incorporated or Qualified

**09/07/1988**

4. FEI Number

**59-2819563**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MANN, RALPH**  
**3902 BEACH DR SE**  
**ST PETERSBURG FL 33705**

10. Name and Address of New Registered Agent

81 Name **MANN, RALPH**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2611 SAMMONS RD**  
83  
84 City **PLANT CITY** FL 85 Zip Code **33567**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PV	MANN, RALPH W.	3902 BEACH DR SE	ST PETERSBURG FL	<input type="checkbox"/>
T	MICK, THOMAS	4702 BAY CREST DR	TAMPA FL	<input type="checkbox"/>
S	OVERSTREET, GARY	14623 LAKE FOREST DR	LUTZ FL	<input type="checkbox"/>
V	HOLLIS, MARTIN	1818 STABLE TRAIL	PALM HARBOR FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PV	MANN, RALPH W.	2611 SAMMONS RD	PLANT CITY FL 33567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	MICK, THOMAS	4702 BAY CREST DR	TAMPA FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S	OVERSTREET, GARY	14623 LAKE FOREST DR	LUTZ, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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\*\*\*150.00

PE  
9-17

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.

SIGNATURE

*Ralph Mann* *Martin Hollis*

9/8/98 813-707-8887

CR2E034 (5/98)

(2)

September 8, 1998  
Florida Department of State  
PO Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement of PPI ISLAND CLUB INC. # M98529

I recently received the "2<sup>nd</sup> NOTICE" annual report with a notification indicating that the 1<sup>st</sup> notice was returned as non-deliverable. Upon receiving this notice, I called the department (850-487-6059) and spoke with Stacy who indicated that my original filing (submitted on a blank copy received from the State, with check # 1113, mailed on 4/23/98) was not received by the department and that I needed to resend this form and a new check for \$150 to be reinstated.

Please contact me if there are any questions concerning this filing.  
Ralph Mann (813) 707-8887

*Ralph Mann*

Copy of State letter included