FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:21

DOCUMENT # N30360 (4)

1. Corporation Name

PINELLAS ECONOMIC DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
13221 US 19 NORTH SUITE #100 CLEARWATER FL 34624	121 N OSCEOLA AVE SUITE #100 CLEARWATER FL 34615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2929028 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEPHENSON, RONALD L.
100 SECOND AVENUE SOUTH
SUITE 1202
ST. PETERSBURG FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, LEE	1.2 NAME	
STREET ADDRESS	121 N. OSCEOLA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PSD	2.1 TITLE	☐ Change ☐ Addition
NAME	KNOWLTON, DAVID H.	2.2 NAME	
STREET ADDRESS	13770 58TH ST. N.#316	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	☐ Change ☐ Addition
NAME	ZAGORAC, MICHAEL	3.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHONS, EDWARD L.	4.2 NAME	
STREET ADDRESS	3201 34TH ST. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	ZAHORIAN, STEPHEN	5.2 NAME	
STREET ADDRESS	240 1ST AVENUE S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	VC	6.1 TITLE	☐ Change ☐ Addition
NAME	WINDHAM, GENE	6.2 NAME	
STREET ADDRESS	CENTRAL AT NINTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: X _____ 1-19-94 813-442-7184
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0010303