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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N30620** **(1)**

1. Corporation Name
READ PINELLAS, INC.

Principal Place of Business	Mailing Address
C/O DIRECTOR OF ADULT & COMMUNITY ED. 301 4TH ST SW LARGO FL 34640	C/O DIRECTOR OF ADULT & COMMUNITY ED. 301 4TH ST SW LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1989	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2962210	☐ 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
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 § 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GILDRIE, VIRGINIA R. 3035 66TH AVENUE NORTH #59 SEMINOLE FL 34642	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	D	11 TITLE	DV	☐ Change ☐ Addition
NAME	TULLY, CINDY	12 NAME	Tully, Cindy	
STREET ADDRESS	901 S PORTER ST	13 STREET ADDRESS	901 S. Porter St	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL	
TITLE	DT	21 TITLE		☐ Change ☐ Addition
NAME	GILDRIE, VIRGINIA	22 NAME		
STREET ADDRESS	3035 66TH AVENUE N #59	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE	PD	☐ Change ☐ Addition
NAME	FLIFF, JOHN	32 NAME	Fliff, John	
STREET ADDRESS	7770 52ND ST. NO	33 STREET ADDRESS	7770 52nd St. No	
CITY-ST-ZIP	PINELLAS PARK FL	34 CITY-ST-ZIP	Pinellas Park FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	APPLE, LISA	42 NAME		
STREET ADDRESS	5501 28 AVE S	43 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MCRAE, DONNA	52 NAME		
STREET ADDRESS	301 4TH ST SW	53 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	PD	☐ Change ☐ Addition
NAME	SHAFFER, SANDY	62 NAME	Shaffer, Sandy	
STREET ADDRESS	5401 S HERCULES AVE	63 STREET ADDRESS	5401 S. Hercules Ave	
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	Clearwater FL	

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: Virginia R. Gildrie Virginia R. Gildrie Treas 4/10 (813) 525-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003