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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995

FLORIDA DEPARTMENT OF STATE  
Candra B. Mormann  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **N48113** (7)  
1. Corporation Name  
**BUSINESS LINKS OF PINELLAS, INC.**

Principal Place of Business Mailing Address  
**PO BOX 243 PALM HARBOR FL 34682-0243** **PO BOX 243 PALM HARBOR FL 34682-0243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1992** 3a. Date of Last Report **04/27/1994**  
4. FEI Number **59-3112717** 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 S. 190.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**HARDY, CRAIG  
2956 MAPLE CT  
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent  
81 Name **WARMOLTS PEGGY L.**  
82 Street Address (P.O. Box Number is Not Acceptable) **997 APPALOUSA RD**  
83 **TARPON SPRINGS**  
84 City **TARPON SPRINGS** 85 Zip Code **FL 34689**

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 Peggy L. Warmolts, Treasurer Peggy L. Warmolts 4-1-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORTIZ, PAT
STREET ADDRESS	1785 RAMBLING RIDGE CT
CITY - ST - ZIP	PALM HARBOR FL
TITLE	VD
NAME	MCNEIL, DEBRA
STREET ADDRESS	3124 MILDRED DR
CITY - ST - ZIP	PALM HARBOR FL
TITLE	D
NAME	LUNSWAY, PENNY
STREET ADDRESS	3261 GLENRIDGE CT
CITY - ST - ZIP	PALM HARBOR FL
TITLE	TD
NAME	HARDY, CRAIG
STREET ADDRESS	2956 MAPLE CT
CITY - ST - ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bobbie McQuiston	
1.3 STREET ADDRESS	37166 US. 919 N.	
1.4 CITY - ST - ZIP	PALM HARBOR, FL 34684	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PEGGY REID	
2.3 STREET ADDRESS	PO BOX 129 375 CROSSWINDS DR.	
2.4 CITY - ST - ZIP	PALM HARBOR, FL 34682	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEBRA MCNEIL	
3.3 STREET ADDRESS	3124 MILDRED DR.	
3.4 CITY - ST - ZIP	PALM HARBOR, FL 34684	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WARMOLTS, PEGGY L.	
4.3 STREET ADDRESS	997 APPALOUSA RD	
4.4 CITY - ST - ZIP	TARPON SPRINGS, FL 34689	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(b), 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: Peggy L. Warmolts Peggy L. WARMOLTS 4-1-95 (813)934-4456  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District File #