

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 4-19-96

4018 C

DOCUMENT # N48435

(4)

1. Corporation Name

PAGAN ALLIED NETWORK INTERNATIONAL, INCORPORATED

Principal Place of Business

9808 CYPRESS ST.  
TAMPA FL 33635

Mailing Address

P.O. BOX 290864  
TEMPLE TERRACE FL 33617



3. Date Incorporated or Qualified

04/13/1992

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3207321

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEAR, DEBRA  
1813 N. RIVER HILLS DR.  
TEMPLE TERRACE FL 33617

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 617.0502 and 617.1508, 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 617.0503, 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 D  
NAME CLEAR, DEBRA  
STREET ADDRESS 1813 N. RIVERHILLS DR.  
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE D  
NAME CARTER, ARDEITH  
STREET ADDRESS 40108 STEWART RD.  
CITY-ST-ZIP ZEPHRHILLS FL

☒ DELETE

TITLE T  
NAME CLEAR, RICHARD  
STREET ADDRESS 1813 N. RIVERHILLS DR.  
CITY-ST-ZIP TEMPLE TERRACE FL

☐ DELETE

TITLE P  
NAME SIEKIRK, NORMAN  
STREET ADDRESS 9808 CYPRESS ST.  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D  
NAME COOK, JOE  
STREET ADDRESS 1160 PERSIMON DR.  
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE VP  
NAME STAFFORD, JOE ANN  
STREET ADDRESS 6813 14TH ST  
CITY-ST-ZIP TAMPA FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Ann Marie Augustino  
7139 62nd St. N.  
Pinellas Park, FL 34665

James Blake  
7139 62nd St. N.  
Pinellas Park, FL 34665

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)(k), 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:

*Debra Clear*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Clear, Director

Date

Daytime Phone #

4-15-96 (813) 9854436

CR2E037 (12/95)