FILE NOW: FILING FEE IS \$61.25

CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katheri e Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 48969 L

CITIZEN FOR A BETTER GOVERNMENT, INC.

Principal Place of Business

Mailing Address

360 CENTRAL AUE.

307 62 rd AUE. Uce

SUITE 1940 St. Peters BURG, 71 33901 307 62 nd Aur. Vorth ST. Petersburg, 7L 33702

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90206 014 ****61.25

* 4 448651 - 90206 - 14 *

2. Principal Place of Business	Principal Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed		
21 26				5/14/1997		
Suite, Apt. #, etc. Suite, Apt. #, etc.			4, FEI Number	Api	olied For	
22	27			NOT APPLICABLE	<u> </u>	Applicable
City & State City & State				\$8.75 △	dditional	
23 28				5. Certificate of Status Desired	Fee Re	· · · · · · · · · · · · · · · · · · ·
ZipCountry	Zip	- Coun	itry	6: Election Campaign Financing	\$5.00	May Re
25 29 30			Trust Fund Contribution Added to Fees			•
24 25 9. Name and Address of Current	<u>, 1==1</u>			10. Name and Address of New Registered	Agent	
			81 Name	•		
RICHARD EMARTING 317 62NG AUR NC ST PETETSBURG 22700			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
一、一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一		. 1	84 City	FI	85 Zip C	ode
11. Pursuant to the provisions of Sections 617.0502	and 617 1508 Florida Sta	itutes the ab	ove-named co	1 4	f changing its	registered
office or registered agent, or both, in the State of	of Florida. Such change was	s authorized l	by the corpora	tion's board of directors. I hereby accept the appo	intment as reg	istered
agent. I am familiar with, and accept the obligat	ions of, Section 617.0503, i	Florida Statut	les.	11-12	00	
SIGNATURE CHUMON TO MONU	<u>``</u>			4-12	-77	
Signature, typed or printed name of registered agent			dent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DS IN 12
12. OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE PST D				·	[_] Gridinge	
NAME MARTIN, RICHARD STREET ADDRESS 307 62 NO AUE. NO	y a	1.2 NAM				
STREET ADDRESS 307 62ND AVE. NO		1.3 STR	EET ADDRESS			
CITY-ST-ZIP 57 PETERSBURG 7	1 35102	1.4 CITY	Y-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP D ARTHUSBURG T ST. PETRESBURG T ART ART ART ART ART ART ART		2.1 TITL	E		Change	Addition
NAME SMITH, DONNA	4/0	2.2 NAM	4E			
STREET ADDRESS 307 GZnd AVR	, 100 ·	2.3 STR	EET ADDRESS			
CITY-ST-ZIP ST. PETERSBURGS	74 33702	2. 4 CIT	Y-ST-ZIP			
O.E	☐ DELETE	DELETE 3.1 TITLE			☐ Change	☐ Addition
A ROTIAL MARY 5	•	3.2 NAM	AE			
TREET ADDRESS AND 315T TEST	NE	3.3 STR	EET ADDRESS			
CITY-ST-ZIP ST POTES BURG	22 22 ml	34 CIT	Y-ST-ZIP			
TITLE	DELETE	4.1 TITL			Change	Addition
NAME		4. 2 NAM	1		-	
			EET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP	☐ DELETE	5.1 TITL	r-ST-ZIP		Change	☐ Addition
TITLE	- Deterie	5.2 NAM	I .			
NAME CODECT ADDRESS			EET ADORESS			
STREET ADDRESS			(-ST-ZIP			
CITY-ST-ZIP	☐ nel ete	DELETE 6.1 TIT			☐ Change	Addition
TITLE		6.2 NAM				
NAME			EET ADDRESS	-		
STREET ADDRESS						
CITY-ST-ZIP	1 4 2 5 K 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		/-ST-ZIP	C-si 140 07/9V// Fladd 64-4-4- 16-d	wifi, there the a !-	formation
14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the recei- Block 12 or Block 13 if changed, or on an attact	annual report is true and ac ver or trustee empowered to	ccurate and ti o execute this	hat my signatu s report as req	ire shall have the same legal effect as it made und juired by Chapter 617. Florida Statutes; and that r	er oath: that I	am an