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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000820 (1)**

1. Corporation Name
PRIMER, INC.



Principal Place of Business 2665 MCCORMICK DR SUITE 900 CLEARWATER FL 34619 US	Mailing Address PO BOX 6108 PALM HARBOR FL 34684-0708 US
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3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

59-3182277

Applied For

Not Applicable

2. Principal Place of Business
21 1299 Main Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite F

27 Suite, Apt. #, etc.

23 Dunedin, FL

28 City & State

24 34698

Country

29 Zip

Country

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TANKEL, ROBERT L ESQ
2665 MCCORMICK DR
SUITE 900
CLEARWATER FL 34619**

**1299 Main Street
Suite F
Dunedin, FL 34698**

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 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GROSS, NORMAN DR
3538 OAK LAKE DRIVE
PALM HARBOR FL 34684**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ROTH, JACK
P.O BOX 845 N/A
SAN ANTONIO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**D
EISENSTADT, MIKE
7005 TWELVE OAKS BLVD.
TAMPA FL 33634**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KRAUS, RANDI E
250 N BELCHER RD #100
CLEARWATER FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BOWMAN, SELMA
2852 CHALMERS CT
PALM HARBOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Randi E. Kraus 1/11/98 (913) 441-6029

CR2E037 (10/97)