

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002930 (6)

1. Corporation Name

PIAS FLORIDA WEST COAST CO-OP, INC.



Principal Place of Business

**3400 4TH STREET N
ST PETERSBURG FL**

Mailing Address

**P.O. BOX 40888
SUITE 102-C
ST PETERSBURG FL 33743
US**

3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3190573

Applied For

Not Applicable

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

27

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

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Zip

Country

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

**MILLIGAN, JOSEPH
1300 COUNTRY CLUB ROAD NORTH
ST PETERSBURG FL 33710**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

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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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

GOODWILL, DAVID

STREET ADDRESS

13238 N. DALE MABRY HWY

CITY-STATE-ZIP

TAMPA FL

TITLE

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☐ DELETE

NAME

KENDALL, WILLIAM

STREET ADDRESS

3914 S. DALE MABRY HWY

CITY-STATE-ZIP

TAMPA FL

TITLE

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☐ DELETE

NAME

STRAW, CLAUDIA

STREET ADDRESS

25704 US 19 NORTH

CITY-STATE-ZIP

CLEARWATER FL 34623

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

813 837-8771

Daytime Phone #

CR2E037 (12/95)