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Feb 18 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 # **N93000003276 (3)**

1. Corporation Name

EMPACT RESOURCE SERVICE CENTER, INC.



Principal Place of Business 3100 1ST AVE NORTH ST. PETERSBURG FL 33713 US	Mailing Address P.O. BOX 117 ST. PETERSBURG FL 33731 US
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3. Date Incorporated or Qualified

07/21/1993

4. FEI Number

59-3196080

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip
24 Country

2a. Mailing Address

26 PO BOX 13487

Suite, Apt #, etc.

27 City & State
28 St. Petersburg, FL

29 Zip
30 US

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

**DAVIES, JEAN M
3100 1ST AVE SOUTH
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent

81 Name
JEAN M. DAVIES
82 Street Address (P.O. Box Number is Not Acceptable)
3100 1ST AVE NORTH
83 City
St. Petersburg, FL
84 City
FL **85** Zip Code
33713

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 agent 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 **JEAN M. DAVIES Executive Director**

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	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, CEREATHA	
STREET ADDRESS	3100 1ST AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BOYKINS, LOUISE	
STREET ADDRESS	3100 1ST AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOOKER, BETTY	
STREET ADDRESS	3100 1ST AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephens, Andrell	
1.3 STREET ADDRESS	3100 1st Ave. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILLER, JOANNA	
3.3 STREET ADDRESS	3100 1st Ave. N.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **JEAN M. DAVIES**

CR2E037 (10/97)