# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:24

**DOCUMENT # N93000003542 (8)**

1. Corporation Name
PINELLAS COUNTY BUSINESS GUILD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12 Clearwater Mall ~~POST OFFICE BOX 4016~~ Box 156 ~~CLEARWATER FL 34618~~ 34624 | 12 Clearwater Mall ~~POST OFFICE BOX 2016~~ Box 156 ~~CLEARWATER FL 34618~~ 34624 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3103136 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 12 Clearwater Mall | 26 12 CLEARWATER MALL |
| 22 Suite, Apt. #, etc. #156 | 27 Suite, Apt. #, etc. #156 |
| 23 City & State Clearwater FL | 28 City & State Clearwater FL |
| 24 Zip 34624 25 Country Pinellas | 29 Zip 34624 30 Country Pinellas |

9. Name and Address of Current Registered Agent

DUNNE, JOHN P
11549 48TH AVE NO.
MADERIA BCH. FL 33708

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DVP | 11 TITLE | President / D. ☒ Change ☐ Addition |
| NAME | ~~DUNNE, JOHN P~~ | 12 NAME | David Buby |
| STREET ADDRESS | ~~11549 48TH AVE NO~~ | 13 STREET ADDRESS | 12291 Hotel St N |
| CITY-ST-ZIP | ~~MADEIRA BCH FL~~ | 14 CITY-ST-ZIP | Largo, FL 34643 |
| TITLE | D | 21 TITLE | Vice Pres / D. ☒ Change ☐ Addition |
| NAME | ~~CUELLAR, ROBERT~~ | 22 NAME | Denny Smith |
| STREET ADDRESS | ~~1517 4TH ST NO~~ | 23 STREET ADDRESS | 193 Woodethe Dr |
| CITY-ST-ZIP | ~~ST PETERSBURG FL~~ | 24 CITY-ST-ZIP | Dunedin, FL 34698 |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | SCHAMIS, JAN | 32 NAME | |
| STREET ADDRESS | 3155 FEATHERWOOD CT | 33 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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:** David G. Buby David G. Buby 6/13/95 813-530-7566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066264