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Jun 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003542 (8)

PINELLAS COUNTY BUSINESS GUILD, INC.



Principal Place of Business

Mailing Address

12 CLEARWATER MALL
STE 156
CLEARWATER FL 34624
US

12 CLEARWATER MALL
STE 156
CLEARWATER FL 34624-7301
US

3. Date Incorporated or Qualified
08/02/1993

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

SCHAMIS, JAN
3155 FATHERWOOD CT
CLEARWATER FL 34619

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SCHAMIS, JAN
STREET ADDRESS 3155 FATHERWOOD CT
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE D
1.2 NAME Howard Hawk
1.3 STREET ADDRESS 5924 Fourth St. N. #6
1.4 CITY-ST-ZIP St. Petersburg, FL 33703

TITLE T
NAME BUBY, DAVID
STREET ADDRESS 12291 70TH ST NORTH
CITY-ST-ZIP LARGO FL

2.1 TITLE D
2.2 NAME Rick Simler
2.3 STREET ADDRESS 12805 Coverdale Dr.
2.4 CITY-ST-ZIP Tampa, FL 33624

TITLE D
NAME SMITH, DENNY
STREET ADDRESS 193 WOODETTE DR
CITY-ST-ZIP DUNNEDIN FL

3.1 TITLE S
3.2 NAME Derrill I. McGuigan
3.3 STREET ADDRESS 13510 Oak Run Ct.
3.4 CITY-ST-ZIP Seminole, FL 34646

TITLE D
NAME SOSKA, JOSEPH
STREET ADDRESS 4828 12TH AVE NORTH
CITY-ST-ZIP ST PETERSBURG FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Y
NAME Jim Locke
STREET ADDRESS 4830 Osprey Dr. S.
CITY-ST-ZIP St. Petersburg, FL 33711

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P
NAME Lynette Lamb
STREET ADDRESS 2209 Hemerick Pl.
CITY-ST-ZIP Clearwater, FL 34625

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)