

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000550 (2)

1. Corporation Name

PASCO BUSINESS CONNECTIONS, INC.



Principal Place of Business

% DONNA L. ZAHN
7825 LIGHTFOOT DRIVE
NEW PORT RICHEY FL 34653

Mailing Address

% DONNA L. ZAHN
7825 LIGHTFOOT DRIVE
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report

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

Applied For

☒ No / 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

ZAHN, DONNA L
7825 LIGHTFOOT DRIVE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

Betty L. Rhodes

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

5708 Homecrest Road

83

84 City

New Port Richey

FL

85 Zip Code

34652

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

Betty L. Rhodes
Signature, typed or printed name of registered agent and title if applicable

Betty L. Rhodes (Secretary)

4-18-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D MORO, RICHARD ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
8715 PORT RICHEY VILLAGE LOOP
PORT RICHEY FL 34668

TITLE D ZAHN, DONNA ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
7825 LIGHTFOOT DR.
NEW PORT RICHEY FL 34653

TITLE D HUNTER, CHRISTINE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
7821 EDINBURGH DR.
NEW PORT RICHEY FL 34653

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
R. Megan Hollingshead
P.O. Box 7128 N/A
Hudson, FL 34672

2.1 TITLE D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Carmine Mike Piesco
1307 Yale Dr.
Holiday, FL 34691

3.1 TITLE D ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
Betty L. Rhodes
5708 Homecrest Rd.
New Port Richey, FL 34652

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
300001887763
-07/09/96--01086--038
***61.25

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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, in an attachment with an address.

SIGNATURE:

Betty L. Rhodes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty L. Rhodes (Secretary)

4/18/96

Date

Daytime Phone #

813
869-7494

CR2E037 (12/95)