

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000004795 (9)

1. Corporation Name

COURTWATCH OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

Mailing Address

2110 W PLATT ST
TAMPA FL 33606

2110 W PLATT ST
TAMPA FL 33606

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

21 Suite, Apt. #, etc.

22 City & State

22 City & State

23 Zip

23 Country

23 Zip

23 Country

8. Name and Address of Current Registered Agent

MUGA, RICHARD D
2110 W PLATT ST
TAMPA FL 33606

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

59-3380200

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. 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

10. Name and Address of New Registered Agent

81 Name ALLEN PALLWEISS

82 Street Address (P.O. Box Number is Not Acceptable)
111 2ND AVE N.E. #620

83

84 City ST. PETERSBURG

FL

85 Zip Code

33731

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.

ALLEN P. PALLWEISS

7-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REAL, CATHERINE W	
STREET ADDRESS	2110 W PLATT ST	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MUGA, RICHARD D	
STREET ADDRESS	2110 W PLATT ST	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	BAUMANN, JOHN P JR.	
STREET ADDRESS	11210 NORTH DALE MABRY	
CITY-ST-ZIP	TAMPA FL 33618	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EXECUTIVE DIRECTOR
4.3 STREET ADDRESS	GARY E WILLIAMS
4.4 CITY-ST-ZIP	2504 BUCKHORN RUN DR VALPRICO, FL 33594 (officer)

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/98

(813) 251-6705

Date Daytime Phone #

CR2E037 (5/98)