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May 15 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 # N96000000426 (4)

1. Corporation Name

PTOISM LOGIC DEITY, INCORPORATION



Principal Place of Business

Mailing Address

8001 N. DALE MARBY HWY., STE. 801A
TAMPA FL 33612

P.O. BOX 20261
TAMPA FL 33622-0261

3. Date Incorporated or Qualified
01/24/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 SUITE 601 C

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3352115

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

TOY, FREDDIE K
4416 ATWOOD DR.
TAMPA FL 33610-6827

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 D ☐ DELETE
NAME TOY, FREDDIE K
STREET ADDRESS 4416 ATWOOD DR.
CITY-ST-ZIP TAMPA FL 33610

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PEREZ-CABRE, LOUIS H
STREET ADDRESS 4717 S. RENELIE
CITY-ST-ZIP TAMPA FL 33611

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EDWARDS, GLORIA J
STREET ADDRESS 4733 PRESIDENTIAL ST.
CITY-ST-ZIP SEFFNER FL 33603

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HARMON, ROME L
STREET ADDRESS 1212 E. CAYIGA ST.
CITY-ST-ZIP TAMPA FL 33603

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

TITLE D ☒ DELETE
NAME TOY, MARY
STREET ADDRESS 4416 ATWOOD DR.
CITY-ST-ZIP TAMPA FL 33610

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME NELSON SANCHEZ, JR
5.3 STREET ADDRESS 10913 AIRVIEW DRIVE
5.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: *Freddie K. Toy / Freddie K. Toy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

(813) 628-8387
Daytime Phone # 0048578

CR2E037 (9/96)