

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002685 (3)

1. Corporation Name

PYCC COUNCIL, INC.



Principal Place of Business

Mailing Address

5950 PELICAN BAY PLAZA
ST PETERSBURG FL 337075950 PELICAN BAY PLAZA
ST PETERSBURG FL 33707-69003. Date Incorporated or Qualified
05/21/19963a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 5950 Pelican Bay Plaza

26 5950 Pelican Bay Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #1102

27 #1102

City & State

City & State

23 Gulfport, FL 33707

28 Gulfport, FL 33707

Zip

Country

Zip

Country

24 33707

25

29 33707

30

4. FEI Number

59-3382970

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

BACON, DAVID A
2959 1ST AVE N
ST PETERSBURG FL 33713

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, ROBERT E	
STREET ADDRESS	5921 SEABIRD DR S	
CITY-ST-ZIP	GULFPORT FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VANEK, DONALD F.	
1.3 STREET ADDRESS	6240 Kipps Colony Drive, #305	
1.4 CITY-ST-ZIP	Gulfport, FL 33707	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, J W	
STREET ADDRESS	5950 PELICAN BAY PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL 33707	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, THOMAS	
STREET ADDRESS	5950 PELICAN BAY PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL 33707	

3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KAPLAN, GEORGE J.	
3.3 STREET ADDRESS	2775 Kipps Colony Drive, #206	
3.4 CITY-ST-ZIP	Gulfport, FL 33707	

TITLE	S	<input type="checkbox"/> DELETE
NAME	KOSLOW, RICHARD	
STREET ADDRESS	5950 PELICAN BAY PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL 33707	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> DELETE
NAME	SOMMERVILLE, ARTHUR A	
STREET ADDRESS	2775 KIPPS COLONY DR	
CITY-ST-ZIP	GULFPORT FL 33707	

5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SOMMERVILLE, ARTHUR A.	
5.3 STREET ADDRESS	2775 Kipps Colony Drive, #102	
5.4 CITY-ST-ZIP	Gulfport, FL 33707	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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:

J. W. Schmidt, Treasurer 1/13/97

Date

813/343-3835

Daytime Phone # 0050410

CR2E037 (9/96)