

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jun 24 1996 8:00 am

Secretary of State

DOCUMENT #

1. Corporation Name

PAC HOUSE, INC. N96000003291

Principal Place of Business

6820 BENJAMIN ROAD
SUITE 8
TAMPA FL 33634

Mailing Address

6820 BENJAMIN ROAD
SUITE 8
TAMPA FL 33634

3. Date Incorporated or Qualified

11/21/1995

3a. Date of Last Report

4A

2. Principal Place of Business

2a. Mailing Address

21 6820 Benjamin Rd

26 SAME AS ABOVE

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Tampa, Florida

24 Zip

29 Zip

32634

30 Country

Hillsborough

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

CASEY, WANDA DELITE
6820 BENJAMIN ROAD
TAMPA FL 33634

81 Name
82 SAME REGISTERED AGENT
83 Street Address (P.O. Box Number is Not Acceptable)

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

JA

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME CASEY, WANDA D
STREET ADDRESS 6820 BENJAMIN ROAD
CITY-ST-ZIP TAMPA FL 33634

TITLE V
NAME HOUSTON, VILLARD JR.
STREET ADDRESS 6820 BENJAMIN ROAD
CITY-ST-ZIP TAMPA FL 33634

TITLE S
NAME BAKER, ANDREW A
STREET ADDRESS 911 EAST MCBERRY ST.
CITY-ST-ZIP TAMPA FL 33603

TITLE T/D
NAME THOMAS, ANDRE
STREET ADDRESS 9608 SHALIMAR COURT
CITY-ST-ZIP TAMPA FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

100001874131
-06/25/96--01018--001
*****61.25 *****61.25

Change Addition
Change Addition

Secretary/Director
JAMES GRANT, III
6820 Benjamin Rd, Suite 8
Tampa, Florida 33634

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Wanda Delite Casey, Pres. June 21, 1996 888-888-6223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Expiry

Daytime Phone

CR2E034 (12/95)