

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 026 ****61.25

DOCUMENT # N97000004250

1. Corporation Name

YOUR PLACE, INCORPORATED

Principal Place of Business

2920 TWENTY-SIXTH AVENUE S
ST PETERSBURG FL 33712

Mailing Address

2920 TWENTY-SIXTH AVENUE S
ST PETERSBURG FL 33712



2. Principal Place of Business

21 750 - 22ND AVENUE SOUTH

Suite, Apt. #, etc.

22

City & State

23 ST. PETERSBURG FLORIDA

Zip

Country

24 33705

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/24/1997

4. FEI Number

59-3513407

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

9. Name and Address of Current Registered Agent

PIERCE, CANON G
11401-64TH TER N
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

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

4710 HURON ROAD

83

84 City

MADIERA BEACH

FL

85 Zip Code

33708

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 ☐ DELETE

TITLE DP
NAME PIERCE, CANON G
STREET ADDRESS 4633 DUHME RD #1-D
CITY-ST-ZIP MADIERA BEACH FL 33708

TITLE DV ☐ DELETE
NAME CRAWFORD, HAYDEN G
STREET ADDRESS 2920 - 26TH AVE S
CITY-ST-ZIP ST PETERSBURG FL 33712

TITLE DST ☐ DELETE
NAME HUDSON, HAZEL M
STREET ADDRESS 5997 30TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

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 DP ☒ Change ☐ Addition
1.2 NAME PIERCE, GEORGE
1.3 STREET ADDRESS 4710 HURON ROAD
1.4 CITY-ST-ZIP MADIERA BEACH, FL 33708

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

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME HUDSON, HAZEL M.
3.3 STREET ADDRESS 5997 30TH AVENUE NORTH
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

4.1 TITLE DT ☐ Change ☒ Addition
4.2 NAME DUCKETT, GREGORY
4.3 STREET ADDRESS 1500 ALHAMBRA WAY SOUTH
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

HAZEL HUDSON, SECRETARY

SIGNATURE:

HAZEL HUDSON, SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/99 (727) 343-4157

Date

Daytime Phone #

CR2E037 (5/99)