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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000005787

1. Corporation Name

PINELLAS PLANT COMMUNITY REUSE ORGANIZATION, INC

Principal Place of Business	Mailing Address
P O BOX 3261 SEMINOLE FL 33775-3261	P O BOX 3261 SEMINOLE FL 33775-3261

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 7887 BryanDairy Road	26 7887 Bryan Dairy Road	10/07/1998
Suite, Apt. #, etc. 22 Suite 150	Suite, Apt. #, etc. 27 Suite 150	4. FEI Number: 59-3530180 ☐ Applied For ☐ Not Applicable
City & State 23 Largo, Florida	City & State 28 Largo, Florida	5. Certificate of Status Desired X ☐ — $8.75 Additional Fee Required
Zip / Country 24 33777 25 Pinellas	Zip / Country 29 33777 30 Pinellas	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTORO, WILLIAM M 7887 BRYAN DAIRY ROAD STE 150 LARGO FL 33777	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 William M. Castoro
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairman William M. Castoro 9136 Oakwood Ln. Unit 20-B, Seminole, FL 33776 — ☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director/ President J. Eugene Danzey 5918 Bahama Shores Dr. S. St. Petersburg, Fl 33705 — ☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director Charles K. Hall 9890 131 st. Seminole, Fl 33776 — ☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Beverly J. Haeger 10333 125 th St. Largo, Fl 33778 — ☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director/ Secretay & Treasurer Larry J. Williams 400 12th Ave. N. St. Petersburg, Fl 33701 — ☐ Change X ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director/Vice President L.L. Alderman 610 Riverside Drive, Tarpon Springs, Fl 34689 — ☐ Change X ☐ Addition

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.

SIGNATURE: William M. Castoro 4-5-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #