

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

Amended 1999

DOCUMENT # N98000006992

1. Corporation Name

SENIOR CLASS PARTY, INC.

Principal Place of Business

20505 US HWY 19N  
Suite 318  
Clearwater, FL 33764

Mailing Address

20505 US HWY 19N  
Suite 318  
Clearwater, FL 33764

FILED

99 DEC -9 PM 12: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21. 20505 US Hwy 19N

Suite, Apt. #, etc.

22. Suite 318

City & State

23. Clearwater, FL

Zip

24. 33764 25. USA

2a. Mailing Address

26. 20505 US Hwy 19N

Suite, Apt. #, etc.

27. Suite 318

City & State

28. Clearwater FL

Zip

29. 33764 30. USA

3. Date Incorporated or Qualified

12/10/1998

4. FEI Number

59-3552857

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Lou Smida

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

3446 Sweetwater Trail

83.

84. City

Clearwater

FL

85. Zip Code

33761

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

Lou Smida

Lou Smida

12/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P DIRECTOR/PRESIDENT ☒ DELETE

NAME DEBBE KESLAR

STREET ADDRESS 2948 MAY FAIR COURT

CITY-STATE-ZIP CLEARWATER, FL 33761

TITLE D/V DIRECTOR/VICE PRESIDENT ☒ DELETE

NAME Ed Tafalski

STREET ADDRESS 2794 Countryside Blvd

CITY-STATE-ZIP CLEARWATER, FL 33761

TITLE D/S DIRECTOR/SECRETARY ☒ DELETE

NAME Susan GRECO TUTTLE

STREET ADDRESS 2810 GLORIA COURT

CITY-STATE-ZIP CLEARWATER, FL 33761

TITLE D/T DIRECTOR/TREASURER ☒ DELETE

NAME Patti Marsh

STREET ADDRESS 2755 Longview Drive

CITY-STATE-ZIP CLEARWATER, FL 33761

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P Director/President ☒ Change ☐ Addition

1.2 NAME TRUDY SMIDA

1.3 STREET ADDRESS 3446 Sweetwater Trail

1.4 CITY-STATE-ZIP CLEARWATER, FL 33761

2.1 TITLE D/S Director/Secretary ☒ Change ☐ Addition

2.2 NAME Cherix GAYNOR

2.3 STREET ADDRESS 2423 Foxroad way

2.4 CITY-STATE-ZIP CLEARWATER, FL 33759

3.1 TITLE D/T Director/Treasurer ☒ Change ☐ Addition

3.2 NAME Sherry Schooley

3.3 STREET ADDRESS 680 Island Way Apt. 210

3.4 CITY-STATE-ZIP CLEARWATER, FL 33767

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

900003065409--0

STSP

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 607, 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:

Lou Smida Trudy Smida, Director/President 12/8/99

Date

Daytime Phone #

786-8460  
(727) 786-8460

CR2E034 (11/98)



2

ACCOUNT NO. : 072100000032  
REFERENCE : 509648 7199342  
AUTHORIZATION : Patricia Pijute  
COST LIMIT : \$ 61.25

ORDER DATE : December 9, 1999  
ORDER TIME : 11:52 AM  
ORDER NO. : 509648-005  
CUSTOMER NO: 7199342  
CUSTOMER: Mr. Lou Smida  
Senior Class Party, Inc.  
20505 Uw Highway 19, North  
Suite 121  
Clearwater, FL 33764

ANNUAL REPORT FILING

NAME: SENIOR CLASS PARTY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS:

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99 DEC -9 PM 12:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA