

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P92 00002584

1. Corporation Name

Pasco Holding, Inc.

Principal Place of Business

Mailing Address

40140 U.S. Hwy 19
Tarpon Springs, FL 34689-8330

**APPROVED
AND
FILED**

APR 9 AM 11:55

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

400001509784

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11-2-92 3a. Date of Last Report 1994

2. Principal Place of Business

2a. Mailing Address

21

2a

4. FEI Number

59-3150378

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

City & State

City & State

Trust Fund Contribution

☐

23

28

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Peter A. Altman, CPA
5715 Main St.
New Port Richey, FL 34652

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 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

[Signature]

NOTE: Registered Agent signature required when reappointing

DATE

6-8-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P-VP-S-T

NAME

James R. Ferretti

STREET ADDRESS

2236 Edythe Dr.

CITY - ST - ZIP

Dunedin, FL 34698

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-8-95

813-842-3262

(City)

DeWitt Phone 1

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 #2 or Block #3 if changed, or on attachment with an address.