

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 MAR 15 AM 11:15
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P92000007353 (5)

1. Corporation Name
490 CORP.

Principal Place of Business

**2062 20TH AVE. SE
LARGO FL 34641-3846**

Mailing Address

**2062 20TH AVE. S.E.
LARGO FL 34641**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/24/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3152115

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOLEY, MICHAEL T
2284 KINGS POINTE DRIVE
LARGO FL 34644**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **HEIDENREICH, JOSEPH I**
STREET ADDRESS **2062-20TH AVE. S.E.**
CITY-ST-ZIP **LARGO FL 34641**

TITLE **VD**
NAME **FOLEY, MICHAEL T**
STREET ADDRESS **2284 KINGS POINTE DR.**
CITY-ST-ZIP **LARGO FL 34644**

TITLE **VD**
NAME **WARRINGTON, WAYNE**
STREET ADDRESS **790 MERLINS CT.**
CITY-ST-ZIP **TARPOON SPRINGS FL 34689**

TITLE **SD**
NAME **STIDHAM, ARLIN H**
STREET ADDRESS **9365 E. GOBBLER DR.**
CITY-ST-ZIP **FLORAL CITY FL 34438**

TITLE **TD**
NAME **PETERSON, RONALD D**
STREET ADDRESS **10679 BARDES CT.**
CITY-ST-ZIP **LARGO FL 34047**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL T. FOLEY

VICE PRESIDENT

3/10/95 (813) 595-0816