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FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000011074 (1)

1. Corporation Name

PRESTRESS SYSTEMS OF FLORIDA, INC.



Principal Place of Business

16803 OLD US 41
FT MYERS FL 33912
US

Mailing Address

16803 OLD US 41
FT MYERS FL 33912-2292
US

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

03/29/1996

4. FEI Number

65-0375191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

JOHNSTON, THEODORE
11547 CHARLES TERRACE
FT MYERS FL 33907

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

PD
JOHNSTON, THEODORE
11547 CHARLES TERRACE
FT MYERS FL

☐ DELETE

1.2 NAME

VD
VAN HOOK, JAY
6701 MEDLAR DR.
NEW PORT RICHEY FL 33807

☐ DELETE

1.3 STREET ADDRESS

STD
GEIST, TRISH J.
5274-2 CEDARBEND DR
FT MYERS FL

☐ DELETE

1.4 CITY - ST - ZIP

VD
MORGAN, DENNIS
16966 SE 19TH CT
SUMMERFIELD FL

☐ DELETE

1.5 CITY - ST - ZIP

VD
PIZZUTO, SAMUEL
#1 SOUTH LAKE CT
VIOLET LA

☐ DELETE

1.6 CITY - ST - ZIP

1.7 CITY - ST - ZIP

1.8 CITY - ST - ZIP

1.9 CITY - ST - ZIP

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1.15 CITY - ST - ZIP

1.16 CITY - ST - ZIP

1.17 CITY - ST - ZIP

1.18 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0400841

CR2E034 (9/96)