

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 23 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 # P92000013559 (9)

1. Corporation Name

CHARLES PITTS & ASSOCIATES, INC.



Principal Place of Business

2340 TURNBERRY DRIVE
OVIEDO FL 32765

Mailing Address

2340 TURNBERRY DRIVE
OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1992

3a. Date of Last Report

04/09/1996

2. Principal Place of Business

21 5272 Lakeshore Cr.

2a. Mailing Address

26 5272 Shoreline Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 LAKE FOREST, FL.

27

City & State

28 LAKE FOREST, FL.

Zip

Country

24 32771

25 USA

Zip

Country

29 32771

30 USA

4. FEI Number

59-3158860

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PITTS, CHARLSE
2340 TURNBERRY DR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

Charles Pitts

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

5272 Shoreline Circle

83

84

City LAKE FOREST

FL

85 Zip Code

32771

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

Charles Pitts

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-97

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE
NAME PITTS, CHARLES
STREET ADDRESS 2340 TURN BERRY DR.
CITY-ST-ZIP OVIEDO FL 32765-5851

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTS ☒ Change ☐ Addition
1.2 NAME Pitts, CHARLES
1.3 STREET ADDRESS 5272 Shoreline Cr.
1.4 CITY-ST-ZIP LAKE FOREST, FL. 32771

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 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.

CR2E034 (4/97)