

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000009884 (6)

1. Corporation Name

CSM OF PINELLAS INCORPORATED



Principal Place of Business

4925 38TH AVE N
ST PETERSBURG FL 33709
US

Mailing Address

2775 KIPPS COLONY DR
S205
GULFPORT FL 33707
US

3. Date Incorporated or Qualified
02/10/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 2775 Kipps Colony Dr

26 Suite, Apt. #, etc.

22 S 205

27 Suite, Apt. #, etc.

23 City & State
GULFPORT FL

28 City & State

24 Zip 33707 25 Country US

29 Zip 30 Country

4. FEI Number
59-3163871

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BACON, DAVID A
2959 FIRST AVE N
ST PETERSBURG FL 33713

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 line if applicable

Signature typed or printed name of registered agent and line if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAWICKE, CLEMENT A JR
STREET ADDRESS 2775 KIPPS COLONY DR UNIT 205
CITY - ST - ZIP GULFPORT FL 33707

1.1 TITLE ☐ Change ☐ Addition

TITLE STD
NAME MAWICKE, SHIRLEY M
STREET ADDRESS 2775 KIPPS COLONY DR UNIT 205
CITY - ST - ZIP GULFPORT FL 33707

2.1 TITLE ☐ Change ☐ Addition

TITLE VD
NAME MAWICKE, MICHAEL J
STREET ADDRESS 2775 KIPPS COLONY DR UNIT 205
CITY - ST - ZIP GULFPORT FL 33707

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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

DATE

DAYTIME PHONE #

500001736375
-03/07/96--01107--008
***200.00

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