

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996

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



DOCUMENT # P93000019283
1. Corporation Name
PALMETTO PALMS Corporation



Principal Place of Business
2709 ROCKY POINT DRIVE STE 101
TAMPA FL 33607

Mailing Address
2709 ROCKY POINT DRIVE STE 101
TAMPA FL 33607

2. Principal Place of Business
21 Same as above
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
3/15/93

3a. Date of Last Report
10/16/95

4. FEI Number
X59-3176628

5. Certificate of Status Desired
☐ \$8.75 Additional Fee Required
☐ \$5.00 May Be Added to Fees

6. Election Campaign Financing
Trust Fund Contribution
☐

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

8. Name and Address of Current Registered Agent
John J. Cook
2709 Rocky Point Drive Ste 101
Tampa FL 33607

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND EMPLOYEES	
TITLE	NAME	1. TITLE	2. NAME
NAME	2709 ROCKY POINT DRIVE STE 101	1.1 TITLE	1.2 NAME
STREET ADDRESS	TAMPA FL 33607	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
TITLE	PD	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
NAME	COOK, JOHN J	3.1 TITLE	3.2 NAME
STREET ADDRESS	2709 ROCKY POINT DRIVE STE 101	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP	TAMPA FL 33607	4.1 TITLE	4.2 NAME
TITLE	TSB	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
NAME	SOLTAIRE, KATHLEEN D	5.1 TITLE	5.2 NAME
STREET ADDRESS	2709 ROCKY POINT DRIVE STE 101	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP	TAMPA FL 33607	6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I 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)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplementary 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 registered or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John J. Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4/22/96 X(83)281-081)