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Apr 15 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 # P93000019283 (9)

1. Corporation Name

PALMETTO PALMS CORPORATION

Principal Place of Business

Mailing Address

2709 ROCKY PT. DRIVE
STE. 101
TAMPA FL 33607

2709 ROCKY PT DR.
TAMPA FL 33607-5918

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
04/27/1996

2. Principal Place of Business

21 531 Main Street

2a. Mailing Address

26 531 Main Street

Suite, Apt. #, etc.

22 Suite A

Suite, Apt. #, etc.

27 Suite A

City & State

23 Safety Harbor FL

City & State

28 Safety Harbor, FL

Zip

24 34695

Country

25 Puellina

Zip

29 34695

Country

30 Puellina

4. FEI Number

59-3176628

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

COOK, JOHN J
2709 ROCKY PT. DR.
STE. 101
TAMPA FL 33607

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COOK, JOHN J
STREET ADDRESS 2709 ROCKY POINTE DR #101
CITY-ST-ZIP TAMPA FL 33607

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 531 Main Street Suite A
1.4 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE STD
NAME SOLITAIRE, KATHLEEN D
STREET ADDRESS 2709 ROCKY POINTE DR #101
CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 531 Main Street, Suite A
2.4 CITY-ST-ZIP Safety Harbor, FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/97 (813) 669-2877

CR2E034 (9/96)