FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033872

1. Corporation PASCO (G. PAPPAS, INC.						
Principal Place of Business Mailing Address							
615 CLEARWATER-LARGO RD N LARGO FL 33770 US		615 CLEARWATER-LARGO RD N LARGO FL 33770 US		DO NOT WRITE IN THIS SPACE			
03					Date Incorporated or Qualifed 05/10/1993		
2 Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	FEI Number Applied For	
21		26		59-3182176	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	L			try	8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes ☐ No		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
PAPPAS, GEORGE 615 CLEARWATER LARGO RD LARGO FL 33770 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			-	83 84 City	- 4: Last this state want for the number	FL 85 Zip (registered
office of reagent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	ops of, Section 607.0505, Florid	a Statu	ove-named corp by the corporation tes.	t 3	ppointment as re	gistered
	Shapakoe, typed or primer name of registered gent OFFICERS AND	777	13.	agent signature require	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
12.	D OF TOLKS AND	DELETE	1,1 TIT	F	7.10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	☐ Change	Addition
	PAPPAS, GEORGE		1.2 NA				1
NAME STREET ADDRESS.	DORESS 615 CLEARWATER-LARGO RD N		1.3 STREET ADDRESS				ì
CITY-ST-ZIP	LARGO FL 34640		1.4 CITY-ST-ZIP			[Change	Addition
Ππ∟€	DELETE		2.1 TITLE			Change	
NAME		•	2.2 NA	· I			}
STREET ADDRESS			2.3 STF	REET ADDRESS		÷	
CITY-ST-ZIP			2.4 CII	Y-ST-ZIP			
TITLE	and the second second	DELETE	3.1 111	Æ <u>- </u>	والمنهضات المعارفان	☐ Change	Addition
NAME			3.2 NAJ	VIE			İ
STREET ADDRESS			3.3 STI	REET ADDRESS			Ì
CITY-ST-ZIP			3.4. CI	ry-ST-ZIP			
TITLE		. DELETE	4.1 TIT	LE		☐ Change	Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP	% <u>-</u>		4.4 CIT	Y-ST-ZIP			

CITY-ST-ZIP 14. I 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 charged, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

5.4 CITY-ST-ZIP

DELETE

☐ DELETE

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Change

Addition

Addition