

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

**APPROVED
AND
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90 MAY 19 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000052681 (2)

1. Corporation Name:

PINELLAS SOFTBALL LEAGUES, INC.

Principal Place of Business:

**1555 SOUTH FT. HARRISON AVE.
CLEARWATER FL 34616**

Mailing Address:

**1555 SOUTH FT. HARRISON AVE.
CLEARWATER FL 34616**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified:

07/28/1993

3a. Date of Last Report:

04/28/1994

4. FEI Number:

59-3232506

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. The corporation has liability for intangible tax under S. 194.032,
Florida Statutes: ☐ yes ☒ no

2. Principal Place of Business:

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2a. Mailing Address:

26

State, Apt. # etc.

State, Apt. # etc.

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City & State

City & State

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28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent:

10. Name and Address of New Registered Agent:

**ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO FL 34641**

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 608.01, 609, and 610, Florida Statutes, the above named corporation certifies 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 responsibilities set forth in Section 610.01, Florida Statutes.

SIGNATURE:

(Signature of Registered Agent or Representative, including name)

(Signature of Registered Agent or Representative, including name)

DATE:

12. OFFICERS AND DIRECTORS:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12:

NAME	D EL-YOUSEF, M K
STREET ADDRESS	1555 S. FT. HARRISON AVE.
CITY & STATE	CLEARWATER FL 34616
NAME	
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in section 119.07(3)(a), Florida Statutes. I further certify that the information was filed 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 registered agent or authorized representative to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an affidavit.

SIGNATURE:

(Signature and Print Name of Signing Officer or Director)

5-12-95 813-446-2005