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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90065 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P93000056834**

1. Corporation Name  
**PREMIUM TRADING COMPANY OF TAMPA BAY, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**6020 W. CHELSEA STREET  
 TAMPA FL 33634  
 US**

Mailing Address  
~~2795 KIPPS COLONY  
 STE 104  
 GULFPORT FL 33707  
 US~~

3. Date Incorporated or Qualified  
**08/09/1993**

4. FEI Number  
**59-3197809**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21  26 **1605 Royal Palm Dr. S.**

22 Suite, Apt. #, etc.  27 **B**

23 City & State  28 **Gulfport, FL**

24 Zip  25 Country  29 **33707**  30 **USA**

9. Name and Address of Current Registered Agent

**SCHECT, NEIL S P.A.  
 BAYSHORE CENTER, PENTHOUSE  
 2909 W BAY TO BAY BLVD  
 TAMPA FL 33629**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D WILLIS, JAMIE**

STREET ADDRESS **3155 SHORELINE DR**

CITY-ST-ZIP **CLEARWATER FL**

TITLE  DELETE

NAME **D WILLIS, GLEN**

STREET ADDRESS **16533 LAKE HEATER DR**

CITY-ST-ZIP **TAMPA FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS **1605 B ROYAL PALM DR. S.**

1.4 CITY-ST-ZIP **GULFPORT, FL 33707**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **4-29-99** (813) 258-8411  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/98)