

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90021 009 \*\*\*150.00

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DOCUMENT # P94000013682

1. Corporation Name  
PBT INTERNATIONAL, INC.

Principal Place of Business

4911 CREEKSIDE DRIVE  
A  
CLEARWATER FL 34620  
US

Mailing Address

4911 CREEKSIDE DRIVE  
A  
CLEARWATER FL 34620  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

4. FEI Number  
59-3223676

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14205 Myer Lake Circle  
Suite, Apt. #, etc.

2a. Mailing Address

26 14205 Myer Lake Circle  
Suite, Apt. #, etc.

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip

24 33760

Country

25 US

Zip

29 33760

Country

30 US

9. Name and Address of Current Registered Agent

SCHUH, DAN B.  
248 MIRROR LAKE DR  
ST PETERSBURG FL 33701

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME THOMPSON, PETER B  
STREET ADDRESS HAYDON, WELLS, SOMERSET  
CITY-ST-ZIP BA5 3EH UK

TITLE VP ☐ DELETE

NAME PERRY, MARK  
STREET ADDRESS 14205 MYER LAKE CIRCLE N  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ST ☐ DELETE

NAME THOMPSON, EDITH  
STREET ADDRESS HAYDON, WELLS,  
CITY-ST-ZIP SOMERSET UK BA5 3

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 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

52 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 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:

SIGNATURE REQUIRED MARK PERRY

4-9-99. (727) 533 0285.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)