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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400020547 1. Corporation Name PI ASTEC INC

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90256 024 ***150.00

	o, INO										
Principal Place	e of Business	Ma	ailing Address					-	151 WUSII WWJI A	I MATANTAN MA	III AHAN HAAN
2860 SCHERER			O SCHERER DR								
SUITE 600			SUITE 600								
ST. PETERSBURG FL 33710		ST.	ST. PETERSBURG FL 33710				DO NOT WRI	TE IN THIS	SPACE		
								3. Date Incorporated or Qualifed 03/16/1994			
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number			Applied For
21		26						59-3234350			Not Applicable .
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75	Additional
22	,	27						5. Certificate of Status Desired		Fee	Required
City & State	e		City & State					6. Election Campaign Financing	_	\$5.0	0 May Be
23		28						Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	C	ountry			8. This corporation owes the curr	ent year Int	angible	- 1
24	25	29		30				Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Regis	tered Agent					10. Name and Address of New F	Registered	Agent	
	1011 10111				81	Nam	e	·			
	UGH, JOHN				82	Stree	at Addre	ess (P.O. Box Number is Not Accepta	able)		
	SCGERER DRIVE							· · · · · · · · · · · · · · · · · · ·			
	E 600				83						
SI. F	PETERSBURG FL 33716				84	Cib				85 Zi	p Code
					04	City		•	FL	. 65 4"	p Cods
office or re	egistered agent, or both, in the Sta	te of Floric	ia. Such change was	authoriz	above ed by	e-name	d corpor	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its registered registered
agent. I a	m ramiliar with, and accept the obit	gations of,	Section 607.0505, F	lorida St	atutes						
SIGNATURE			, Section 607.0505, F	lorida St	atutes						
SIGNATURE	Signature, typed or printed name of registered a	gent and title	, Section 607.0505, F	TE: Register	atutes			when reinstating)	DATE	. DIBEC	TOPS IN 12
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and title	, Section 607.0505, F if applicable. (NC	TE: Register	red Agen						
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	gent and title	, Section 607.0505, F	TE: Register	red Agen 3.			when reinstating)		ID DIREC	
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A P CLOUGH, JOHN 1438 JUNGLE AVE NO.	gent and title	, Section 607.0505, F if applicable. (NC	TE: Register 1:1.1 1.2 1.3	red Agen 3. TITLE NAME	nt signatur	e required	when reinstating)			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A P CLOUGH, JOHN 1438 JUNGLE AVE NO. ST.PETERSBURG FL	gent and title	Section 607.0505, F if applicable. (NC CTORS	TE: Register 1: 1.1 1.2 1.3	red Agen 3. TITLE NAME STREET	nt signatur	e required	when reinstating)		Chang	e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A P CLOUGH, JOHN 1438 JUNGLE AVE NO. ST.PETERSBURG FL	gent and title	, Section 607.0505, F if applicable. (NC	TE: Register 1: 1.1 1.2 1.3 1.4 2.1	red Agen 3. TITLE NAME STREET CITY-S	nt signatur	e required	when reinstating)			e Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS OFFICERS P CLOUGH, JOHN 1438 JUNGLE AVE NO. ST.PETERSBURG FL S MARGARET CLOUGH	gent and title	Section 607.0505, F if applicable. (NC CTORS	TE: Register 1: 1.1 1.2 1.3 1.4 2.1 2.2	red Agen 3. TITLE NAME STREET CITY-S TITLE	T ADDRES	e required	when reinstating)		Chang	e Addition
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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 13 if changed, or or a 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 13 if changed, or or of an attachment with an address, with all other like empowered.

SIGNATURE: