

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000051834 (7)

1. Corporation Name

PITTA & ASSOCIATES, INC.



Principal Place of Business

2207 SPRINGRAIN DRIVE
CLEARWATER FL 34623

Mailing Address

2207 SPRINGRAIN DRIVE
CLEARWATER FL 34623

2. Principal Place of Business

21 754 Belcher Rd N.

Suite, Apt. #, etc.

22

City & State

23 Clearwater, FL

24 Zip 34625

Country

25 Pinellas

2a. Mailing Address

26 754 Belcher Rd N.

Suite, Apt. #, etc.

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City & State

28 Clearwater, FL

Zip

29 34625

Country

30 Pinellas

3. Date Incorporated or Qualified
07/08/1994

3a. Date of Last Report
06/20/1995

4. FEI Number

59-3252293

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PITTA, JULIE K
2207 SPRINGRAIN DRIVE
CLEARWATER FL 34623

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

Julie K Pitta

Broken owner

N/A

12. OFFICERS AND DIRECTORS

TITLE D
NAME PITTA, JULIE K
STREET ADDRESS 2207 SPRINGRAIN DRIVE
CITY-ST-ZIP CLEARWATER FL 34623

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
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135. STREET ADDRESS
136. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Julie K Pitta* JULIE K Pitta (813) 736-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printed Name

CR2E034 (12/95)