FILED Apr 13, 1999 8:00 am Secretary of State

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## 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** 

## DOCUMENT # P9400060003

Principal Place 1430 VIRGINIA DUNEDIN FL 34	ARK HOMES OF PINELLAS  of Business ST	Mailing Address 1430 VIRGINIA ST DUNEDIN FL 34698 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  08/12/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3261598	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Int	tangible
24	25	29 30	<u>.</u>	Personal Property Tax.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
81 Name				John C. GARDNER	
	idener, john C S. Missouri ave.	( ) Ast name spelled incorrectly	82 Street A	ddress (P.O. Box Number is Not Acceptable)	7. 40
	ARWATER FL 34616	spelled i	\	311 7: WITZONKI L	ive.
, OLD	ANNAICHTE STOIC	incorrectly_	83	CHERRWATER, FL	34616
1		, -	84 City	FL	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered agents.	jations of, Section 607.0505, Florida	the above-named corrized by the corporal Statutes.		
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STRONG, ANDY		1.2 NAME		
STREET ADDRESS	2117 ANDREWS COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		Detele	2.1 TITLE	•	
NAME		<i>₽</i> ** → *	2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP			3.4. CITY- ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			: 4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	,	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change C Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME 6.3 STREET ADDRESS	• .	
A CONCETTANDOSSO			= u.a a ince i <b>/u/uneda</b>		

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 regiver or trusted 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 ap attachpent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

727) 735-6100