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

Maling Address

**TAMPA FL 33629** 

3405 SAN LUIS STREET

CORPORATION ANNUAL REPORT



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

1996

## DOCUMENT # P9400064709 (6)

Corporation Name

Principal Place of Business

3405 SAN LUIS STREET

PB	<b>PROF</b>	PERT	TES,	INC.
----	-------------	------	------	------

**TAMPA FL 33629** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1995 09/01/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-3263643 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Zφ Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BERNER, DAVID R 82 3405 SAN LUIS STREET 83 **TAMPA FL 33629** 85 Zip Code 84 City 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 affice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Fing stored Agent signature required when remitating) Signature, typed or printed name of registered agent and to sif applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME BERNER, DAVID R NAME 1.3 STREET ADDRESS 3405 SAN LUIS STREET SURFET ADDRESS TAMPA FL 33629 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 THLE TITLE 2.2 NAME PRIOR, W. KELLY JR NAME 2.3 STREET ADDRESS P.O. BOX 771 STREET ADDRESS PALM HARBOR FL 34682 24 CiTY - ST-7iP CITY-ST-ZIP ☐ Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAMÉ **3.3 STREET ADDRESS** STREET ADDRESS 3.4 CITY - ST - ZIP City-ST-ZiP ☐ Change Addition DELETE 4 1 I:TLE TITLE 4.2 NAME

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), Fiorida 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 early; 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. 64 CITY - ST- ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STHEET ADDRESS

5.4 DBY - SE- 7IP

4.4 CITY - ST - 20P

5 1 THILE

5.2 NAME

5 1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

2/27/96

Change

Change

Add tion

Addition

(12/95)