

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071340 (1)

1. Corporation Name

POWERS ASSOCIATES OF PASCO COUNTY, INC.



Principal Place of Business

877 EXECUTIVE CENTER DR. WEST, S-303
ST. PETERSBURG FL 33702

Mailing Address

877 EXECUTIVE CENTER DR. WEST, S-303
ST. PETERSBURG FL 33702

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

POWERS, JILL F

877 EXECUTIVE CENTER DR. WEST, S-303
ST. PETERSBURG FL 33702

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3270622

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

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 board of directors

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

POWERS, HARRY L

STREET ADDRESS

877 EXECUTIVE CENTER DR. WEST, S-303

CITY - ST - ZIP

ST. PETERSBURG FL 33702

TITLE

VD

☐ DELETE

NAME

POWERS, HARRY J

STREET ADDRESS

877 EXECUTIVE CENTER DR. WEST, S-303

CITY - ST - ZIP

ST. PETERSBURG FL 33702

TITLE

SD

☐ DELETE

NAME

POWERS, SALLY

STREET ADDRESS

877 EXECUTIVE CENTER DR. WEST, S-303

CITY - ST - ZIP

ST. PETERSBURG FL 33702

TITLE

TD

☐ DELETE

NAME

POWERS, BRENDA

STREET ADDRESS

877 EXECUTIVE CENTER DR. WEST, S-303

CITY - ST - ZIP

ST. PETERSBURG FL 33702

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 it 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, for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)