

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

*PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000071340 (1)

1. Corporation Name

POWERS ASSOCIATES OF PASCO COUNTY, INC.



Principal Place of Business

Mailing Address

~~877 EXECUTIVE CENTER DR. WEST, 0-303
ST. PETERSBURG FL 33702~~

~~877 EXECUTIVE CENTER DR. WEST, 0-303
ST. PETERSBURG FL 33702-3460~~

2. Principal Place of Business

2a. Mailing Address

21 One Mercer Avenue

26 One Mercer Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Chatham, N.J.

28 Chatham, N.J.

24 07928

25 US

29 07928

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/28/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3270622

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$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

Ernest L. Mascara, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

Glades Building, Suite 303

83

877 Executive Center Drive West

84 City

St. Petersburg,

FL

85 Zip Code
33702

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME POWERS, HARRY L
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, 0-303
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

VD
NAME POWERS, HARRY J
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, S.303
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

SD
NAME POWERS, SALLY
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, 0-303
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

TD
NAME POWERS, BRENDA
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, 0-303
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

PD
NAME Powers, Harry L.
STREET ADDRESS One Mercer Avenue
CITY-ST-ZIP Chatham, New Jersey 07928

2.1 TITLE ☒ Change ☐ Addition

VD
NAME Powers, Harry J.
STREET ADDRESS One Mercer Ave.
CITY-ST-ZIP Chatham, NJ 07928

3.1 TITLE ☒ Change ☐ Addition

SD
NAME Powers, Sally
STREET ADDRESS One Mercer Ave
CITY-ST-ZIP Chatham, NJ 07928

4.1 TITLE ☒ Change ☐ Addition

TD
NAME Powrs, Brenda
STREET ADDRESS One Mercer Ave
CITY-ST-ZIP Chatham, NJ 07928

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

U-12-95 201-63576944

CR2E034 (9/96)