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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089371 (6)

1. Corporation Name
CLB OF PINELLAS, INC.

Principal Place of Business Mailing Address
1001 37TH ST. NORTH 1001 37TH ST. NORTH
SUITE B SUITE B
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713-6010
34616

2. Principal Place of Business 2a. Mailing Address
21 1000 Lakeview Road 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 6 27
City & State City & State
23 Clearwater FL 28
Zip Country Zip Country
24 34616 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/08/1994 05/01/1996
4. FEI Number Applied For
59-3282882 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ 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 10. Name and Address of New Registered Agent
RIETH, MICHAEL R 81 Name
1001 37TH STREET NORTH, SUITE B 82 Street Address (P.O. Box Number is Not Acceptable)
ST. PETERSBURG FL 33713 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD 1.1 TITLE ☐ Change ☐ Addition
NAME REITH, MICHAEL R 1.2 NAME
STREET ADDRESS 1001 37TH ST. NORTH, SUITE B 1.3 STREET ADDRESS
CITY-ST-ZIP ST PETERSBURG FL 33713 1.4 CITY-ST-ZIP
TITLE VSDT 2.1 TITLE ☐ Change ☐ Addition
NAME RIETH, KARYN 2.2 NAME
STREET ADDRESS 1001 37TH ST. NORTH, SUITE B 2.3 STREET ADDRESS
CITY-ST-ZIP ST PETERSBURG FL 33713 2.4 CITY-ST-ZIP
TITLE ☐ 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
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)