

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 # P94000090751 (6)

1. Corporation Name

NEW PINELLAS NORTHSIDE, INC.



Principal Place of Business

Mailing Address

**GARCIA ENTERPRISES
7243 BRYAN DAIRY RD
LARGO FL 34647
US**

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7243 BRYAN DAIRY RD
LARGO FL 34647
US**

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3291607

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, MARTIN L
101 EAST KENNEDY BLVD. STE. 3700
BARNETT PLAZA
TAMPA FL 33602**

81 Name

Martin L. Garcia

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

7243 Bryan Dairy Road

83

84 City

Largo

FL

85 Zip Code

34647

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**P
GARCIA, MANUEL
4933 NEW PROVIDENCE
TAMPA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VPS
GARCIA, MARTIN
1613 S CULBREATH ISLES
TAMPA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VP
GARCIA, MARCHAL J
16011 AMBERLY DR
TAMPA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**VPT
HAAG, MYRNA
413 ROYAL PALM WAY
TAMPA FL**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP ☐ Change ☐ Addition

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 if made under oath; that I am an officer or director of the corporation or the registered 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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

Daytime Phone #

CR2E034 (12/95)