

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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000015318 (5)

1. Corporation Name  
P T INDUSTRIES, INC.



Principal Place of Business 3399 SHORE DR. LARGO FL 34641	Mailing Address 3399 SHORE DR. LARGO FL 33771-1349
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3. Date Incorporated or Qualified 02/23/1995	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 6145 Sun Blvd Suite, Apt. #, etc. Suite 407B City & State St Petersburg FL Zip 33715 Country Pinellas	2a. Mailing Address 26 6145 Sun Blvd Suite, Apt. #, etc. Suite 407B City & State St Petersburg FL Zip 33715 Country Pinellas
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4. FEI Number 50-3315749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCOTT, BARBARA S 6145 SUN BLVD. SUITE 407B ST. PETERSBURG FL 33715	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-9-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, TROY E	1.2 NAME	PURCELL, TROY E
STREET ADDRESS	3399 SHORE DR.	1.3 STREET ADDRESS	6145 Sun Blvd, Suite 407A
CITY-ST-ZIP	LARGO FL 34641	1.4 CITY-ST-ZIP	St Petersburg FL 33715
TITLE	DST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary, Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPIELLO, PATRICIA P	2.2 NAME	Barbara Scott
STREET ADDRESS	3399 SHORE DR.	2.3 STREET ADDRESS	6145 Sun Blvd 407A
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	St Petersburg FL 33715
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 change.

SIGNATURE:  PRESIDENT TROY E. PURCELL 4-9-97 813-865-6188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)