

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90066 012 ***150.00

DOCUMENT # P95000020991

1. Corporation Name

PAMELA HORRELL AND ASSOCIATES, INC.



Principal Place of Business

3806 TURKEY OAK DRIVE
VALRICO FL 33594

Mailing Address

3806 TURKEY OAK DRIVE
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

65-0573878

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 437 Grant Street

2a. Mailing Address

26 437 Grant Street

Suite, Apt. #, etc.

22 Suite 624

Suite, Apt. #, etc.

27 Suite 624

City & State

23 Pittsburgh, PA

City & State

28 Pittsburgh, PA

Zip

24 15219

Country

25 USA

Zip

29 15219

Country

30 USA

9. Name and Address of Current Registered Agent

ROBERT BROWNING
1800 SECOND STREET, SUITE 755
SUITE 755
SARASOTA FL 34236

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAMPISANO, PAMELA
STREET ADDRESS 3806 TURKEY OAK DRIVE
CITY-ST-ZIP VALRICO FL 33594

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/D
1.2 NAME Gina Campisano
1.3 STREET ADDRESS 437 Grant Street, Suite 624
1.4 CITY-ST-ZIP Pittsburgh, PA 15219

☐ Change

☒ Addition

2.1 TITLE VP/SA
2.2 NAME Keith Mikush
2.3 STREET ADDRESS 437 Grant Street, Suite 624
2.4 CITY-ST-ZIP Pittsburgh, PA 15219

☐ 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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: X

KATHERINE HARRIS
SECRETARY OF STATE

KEITH MIKUSH
DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)