FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000028730 (6)

1. Corporation Name
PASCO RESOURCE MANAGEMENT, INC.

Principal Place of Business: POST OFFICE BOX 1044, PORT RICHEY FL 34673-1044

Mailing Address: POST OFFICE BOX 1044, PORT RICHEY FL 34673-1044

3. Date Incorporated or Qualified: 04/05/1995
3a. Date of Last Report: New 1st

2. Principal Place of Business
21 6707 Madison St.
Suite, Apt. #, etc
22 —
23 New Port Richey, Fl.
Zip 24 34652 Country 25 Pasco

2a. Mailing Address
26 P.O. Box 1044
Suite, Apt. #, etc
27 —
City & State 28 Port Richey, Fl.
Zip 29 34673-1044 Country 30 Pasco

4. FEI Number: 59-3310169 ☐ 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

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY FL 34668

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FINLEY, RICHARD A	
STREET ADDRESS	POST OFFICE BOX 1044	
CITY-ST-ZIP	PORT RICHEY FL 34673-1044	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTDOM	☐ Change ☒ Addition
1.2 NAME	Richard A. Finley	
1.3 STREET ADDRESS	Post Office Box 1044	
1.4 CITY-ST-ZIP	Port Richey, Fl. 34673-1044	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	David W Dempsey	
2.3 STREET ADDRESS	6641 Madison St	
2.4 CITY-ST-ZIP	New Port Richey, Fl 34652	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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: Richard A Finley, Director 2-17-96 813-848-1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard A. Finley

CR2E034 (12/95)