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

Mailing Address

2a. Mailing Address

PORT RICHEY FL 34673-1044

P.O BOX 1044

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NEW PORT RICHEY FL 34652

2. Principal Place of Business

SIGNATURE:

6707 MADISON STREET



FLORIDA DEPARTMENT OF STATE

FILED

Jan 15 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

02/22/1996

3. Date Incorporated or Qualified

04/05/1995

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000028730 (6)

PASCO RESOURCE MANAGEMENT, INC.

21		26		59-3310169	Not Applicable
Suite Apt.	#. etc	Suite, Apt. #, etc.	K	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State	Jr	6. Election Campaign Financing	\$5.00 May Be
23		28	74	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country (8. This corporation has liability for	
24	25	29 3	0 3		Yes 🔀 No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
6645	rence, Alfred W Jr. 5 Ridge Road 7 Richey Fl 34668		82 Street Addr.	Chard A. Find ess (P.O. Box Number is Not Accepte D. Box Loyy Adison ST. Now bet Ri	3+652-
84				- Rila	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submit 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 of 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 of 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 appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent, I am familiar with a property and accept the appointment as registered agent, I am familiar with a property agent					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1 1 TITLE		Change Addition
NAME	FINLEY, RICHARD A		1 2 NAME		
STREET ADDRESS	POST OFFICE BOX 1044		13 STREET ADDRESS		
CITY-SI-7IP	PORT RICHEY FL		1.4 C(TY - ST - ZIP	ATTICLE	
TITLE	D DEMOCRY DAME W	☐ DELETE	2.1 TITLE		Change Addition
Name 	DEMPSEY, DAVID W.		2.2 NAME		
STREET ADDRESS	6641 MADISON STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		□ Otter	3.1 TITLE		Change C Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		בן מננונ	4.1 TITLE		C Auguste C vegitibit
NAME CAREET ARESTO			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Į
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		occil.	5.2 NAME		_ states
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DEFETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME !		Sand Section 2	62 NAME		trans or contigue that conditions
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY+ST-ZIP		
14. Ldo heret	L by certify that the information supp	lied with this filling does not qualify	for the exemption stated	d in Section 119.07(3)(i), Florida Statut	es. 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.					

AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CICLOS HELD HOLD TO DIRECTOR DIRECTOR CICLOS DOSTRING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR