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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000031211 (2)

1. Corporation Name

PASSMORE & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

10707 66TH STREET NORTH
SUITE 16
PINELLAS PARK FL 33782
US

10707 66TH STREET NORTH
SUITE 16
PINELLAS PARK FL 33782
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1995

4. FEI Number

59-3310343

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 6251 44th ST. N.

2a. Mailing Address

26 6251 44th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 10

27 Suite 10

City & State

City & State

23 Pinellas Park, FL

28 Pinellas Park, FL

Zip

Country

Zip

Country

24 33781

25 U.S.A.

29 33781

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSMORE, WARD
1163 36 AVE N.E.
ST. PETERSBURG FL 33704

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PASSMORE, WARD
STREET ADDRESS 10707 66TH ST. NORTH, SUITE 16
CITY-ST-ZIP PINELLAS PARK FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SVT ☐ DELETE

NAME PASSMORE, CTNTHIA
STREET ADDRESS 10707 66TH ST. NORTH, SUITE 16
CITY-ST-ZIP PINELLAS PARK FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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 on an attachment with an address.

SIGNATURE:

Signature

PASSMORE

4-20-98

813-526-9224

CP2E034 (10/97)