


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

FILED

Jan 27 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 # P95000045895 (6)

1. Corporation Name

P.D.S. OF THE TREASURE COAST, INC.

Principal Place of Business

1950 SW BILMORE ST
PORT ST LUCIE FL 34984
US

Mailing Address

1950 SW BILMORE ST
PORT ST LUCIE FL 34984
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1995

4. FEI Number

65-0590151

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, SCOTT
6650 WEST INDIANTOWN ROAD
SUITE 200
JUPITER FL 33458

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 ☐ DELETE

NAME CAROTHERS, GARY
STREET ADDRESS 2360 TREASURE ISLE DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33458

TITLE D ☐ DELETE

NAME EDWARDS, MICHAEL K
STREET ADDRESS 5367 CENTER STREET
CITY-ST-ZIP JUPITER FL 33458

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 DT ☒ Change ☐ Addition

1.2 NAME CAROTHERS, GARY

1.3 STREET ADDRESS 1242 S.W. KNOLLWOOD DR.

1.4 CITY-ST-ZIP PALM CITY, FL. 34990

2.1 TITLE DP ☒ Change ☐ Addition

2.2 NAME EDWARDS, MICHAEL K.

2.3 STREET ADDRESS 5367 CENTER STREET

2.4 CITY-ST-ZIP JUPITER, FL. 33458

3.1 TITLE ST ☐ Change ☒ Addition

3.2 NAME CAROTHERS, SHARY

3.3 STREET ADDRESS 3074 S.W. SUNSET TRACE CIRCLE

3.4 CITY-ST-ZIP PALM CITY, FL. 34990

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 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.

GARY CAROTHERS

1-20-98

561-340-2080

SIGNATURE:  RE REQUIRED

CR2E034 (10/97)