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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000057483 (6)

TONY COURTNEY, INC.

STREET ADDRESS

Principal Place of Business Mailing Address 4991 66TH TERRACE NORTH 5991 66TH TERRACE NORTH PINELLAS PARK FL 34865 PINELLAS PATK FL 33781-5424 3a. Date of Last Report 3. Date Incorporated or Qualified 07/24/1995 04/18/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3329980 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COURTNEY, TONY 2090 75TH ST N 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33710 В3 City Zip Code 85 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, justhe 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 registered agent and titic if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. DELETE Change Addition TITLE 1 1 THE COURTNEY, TONY NAME 1.₽ NAME 2090 75TH ST N STREET ADDRESS 1.8 STREET ADDRESS ST PETERSBURG FL 33710 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE Addition TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2 8 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY-S1-7(P TITLE DELETE 4.1 THLE Addition NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.P NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.**∮** CHY-S1 - ZIP DELETE TITLE 6 i 1814 Addition NAME 6 2 NAME

6.8 STREET ADDRESS 6.4 CHY- \$1-7P 14. I do 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 early; 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 19 if changed or an anattachment with an address.