


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

FILED  
Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057537 (9)

1. Corporation Name  
INTEGRITY HOUSE, INC.

Principal Place of Business

1415 109TH AVE  
TAMPA FL 33612  
US

Mailing Address

1415 E 109TH AVE  
TAMPA FL 33612  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

59-3324203

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 In Integrity House Inc

2a. Mailing Address

26 1415 E 109th Ave

Suite, Apt. #, etc.

22 1415 E 109th Ave

Suite, Apt. #, etc.

27 TAMPA FLA.

City & State

23 TAMPA FLA.

City & State

28 TAMPA FLA.

Zip

24 33612

Country

25 U.S.A.

Zip

29 33612

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RAIMONDI, PAUL  
1415 E 109TH AVE  
TAMPA FL 33612

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 607.0508 and 607.7508, 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

*Paul Raimondi* Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
BUNDY, OTTO S.  
STREET ADDRESS 1308 E POINSETTIA AVE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME DV  
RAIMONDI, PAUL R  
STREET ADDRESS 1415 E 109TH AVE  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME TS  
BUNDY, PATRICIA  
STREET ADDRESS 4218 18TH AVE WEST  
CITY-ST-ZIP BRADENTON FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

*Paul Raimondi* Director

Date

Daytime Phone #

0385508

1-23-98-813-975-0800

CR2E034 (10/97)