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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P95000064002 (5)

| 1, Corporation DAYLIC                       |                                 |                | PASCO, INC                                 |                       | 7-100Z (C                                 | ′′                     |                       |              |                   |                 |   |         |  |
|---|---------------------------------|----------------|--|-----------------------|---|------------------------|-----------------------|--------------|-------------------|-----------------|---|---------|--|
| Principal Place of Business Mailing Address |                                 |                |  |                       |   |                        |                       |              |                   |                 |   |         |  |
| 25 SECOND ST                                |                                 |                |  |                       | 25 2ND ST NORTH                           |                        |                       |              |                   |                 |   |         |  |
| SUITE 440                                   |                                 |                |  |                       | 340                                       |                        |                       |              |                   |                 |   |         |  |
| ST PETERSBURG FL 33701                      |                                 |                |  |                       | ST PETERSBURG FL 33701                    |                        |                       |              |                   |                 | DO NOT WRITE IN THIS SPACE  |         |  |
|   |                                 |                |  | L                     | I\$                                       |                        |                       |              |                   |                 | 3. Date Incorporated or Qualified   |         |  |
| 2. Principal F                              | Place of Busi                   | ness           |  | 28                    | Mailing Address                           | <u>.</u>               |                       |              |                   | ——              | <b>08/18/1995 4.</b> FEI Number Applied For   |         |  |
| 21 1213 16th Street North                   |                                 |                |  |                       | 26 1213 JUHN Street North                 |                        |                       |              |                   |                 | 59-3331657 Not Applica  |         |  |
| Suite, Apt. #, etc.                         |                                 |                |  |                       | Suite, Apt. #, etc.                       |                        |                       |              |                   |                 | 5. Certificate of Status Desired \$8.75 Additional  |         |  |
| 22  |                                 |                |  |                       | 27  |                        |                       |              |                   |                 | Fee Required  |         |  |
| City & State                                |                                 |                |  |                       | City & State                              |                        |                       |              |                   |                 | 6. Election Campaign Financing \$5.00 May Be  |         |  |
| 23 St. Petersburg FL Zip Country            |                                 |                |  |                       | 28 St. Petersburg, FT<br>Zip Country      |                        |                       |              | · · · · · · · ·   |                 | Trust Fund Contribution Added to Fees   |         |  |
| 24 3370                                     |                                 |                | Pinchlas                                   | 29                    | 33705                                     | 30                     | _                     |              | llas              |                 | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  |         |  |
| 24 5570                                     |                                 | and A          | Address of Curre                           | nt Regis              |   | 30                     |                       | 1            | 110.3             |                 | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent   |         |  |
| M/  | ARTINO, AN                      |                |  |                       |   |                        | 1                     | B1           | Name              |                 |   | _       |  |
|   | SECOND                          |                | _  |                       |   |                        |                       | 32           | Stroot /          | DC1             | Cnjamin Folder<br>reselP.O. Box Number is Not Acceptable)   |         |  |
| SUITE 440                                   |                                 |                |  |                       |   |                        |                       | JOE NOOF     |                   |                 | 515 68th Avenue North, Stute DZ   |         |  |
| ST  | PETERSBI                        | JRG F          | FL- <del>3</del> 37 <del>0</del> 1         |                       |   |                        | E                     | <b>3</b> 3   |                   |                 |   |         |  |
|   |                                 |                |  |                       |   |                        | ε                     | 34           | City              |                 | ■■ 85 Zip Code  |         |  |
|   |                                 | )              | · • • • • • • • • • • • • • • • • • • •    |                       |   |                        |                       |              |                   | Sen             | May 12  |         |  |
| office or                                   | to the provis<br>registero i so | MORSO<br>PONTO | r Sartions 607.050<br>r Joth, in the State | I2 and 6<br>of Florid | 07.1508, Florida Sta<br>da-Such change wa | ilutes, ti<br>as autho | he abo<br>prized      | ove-<br>by 1 | named<br>the corp | corpo<br>oratio | poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered | be<br>≀ |  |
| agent. La                                   | am t <b>al</b> milyar w         | th and         | daccept the oblig                          | ations of             | l, Section 60 <b>7.0</b> 5 <b>0</b> 5,    | Florida                | Slatu                 | tes.         | •                 |                 | Moder   | -       |  |
| SIGNATURE                                   | Signature, types                | $\mathcal{T}$  | name of registered age                     | of and title          | Kannisalda (6                             | JOH: Bor               | ustored .             | 4000         | i círmaturo       | Incluired       | 4/23/9 PATE   | _       |  |
| 12.   |                                 | $-\Theta$      | OFFICERS AN                                |                       |   |                        | 13.                   | - go i       | t argina.uro      | , Eddined       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |         |  |
| TITLE                                       | D                               |                | <del></del>                                |                       | DELETE                                    |                        | 1.1 TITL              | E            |                   |                 | ☐ Change ☐ Addit  | ion     |  |
| NAME  | MARTIN                          |                |  |                       |   |                        | 1.2 NAM               | 4E           |                   |                 |   |         |  |
| STREET ADDRESS                              |                                 |                | ST N SUITE 440                             | )                     |   |                        | 1.3 STRI              | EET A        | DDRESS            |                 | 213 16th Street North   |         |  |
| CITY-ST-ZIP                                 | ST PET                          | ERSB           | URG FL 33701                               |                       |   |                        | 14 0111               | /-ST-        | -ZIP              | st              | t. Petersburg, FL 33705   |         |  |
| TITLE                                       |                                 |                |  |                       | ☐ DELETE                                  | 1                      | 21 TITL               |              | Ī                 |                 | Change Addit  | on      |  |
| NAME  |                                 |                |  |                       |   |                        | 22 NAM                |              |                   |                 |   |         |  |
| STREET ADDRESS                              |                                 |                |  |                       |   | - 1                    | 2.3 STRI              |              |                   |                 |   |         |  |
| CITY-ST-ZIP<br>TITLE                        | <del></del>                     |                |  |                       | DELETE                                    |                        | 2. 4 CIT              |              | - ZIP             |                 | ☐ Change ☐ Additi   | on      |  |
| NAME  |                                 |                |  |                       |   | 1                      | 3.2 NAM               |              |                   |                 |   | ٠       |  |
| STREET ADDRESS                              |                                 |                |  |                       |   | 1                      | 3.3 STR               |              | DORESS            |                 |   |         |  |
| CITY-ST-ZIP                                 |                                 |                |  |                       |   |                        | 3.4. CIT              |              |                   |                 |   |         |  |
| TITLE                                       |                                 |                |  |                       | ☐ DELETE                                  | <b>1</b>               | 4.1 TITL              | E            |                   |                 | Change Additi   | OΠ      |  |
| NAME  |                                 |                |  |                       |   |                        | 4. 2 NAN              | ΝE           | l                 |                 |   |         |  |
| STREET ADDRESS                              |                                 |                |  |                       |   |                        | 4.3 STRE              | EET A        | DDRESS            |                 |   |         |  |
| CITY-ST-ZIP                                 |                                 |                |  |                       |   |                        | 4.4 CITY              | -ST-         | ZIP               |                 | ·   |         |  |
| TITLE                                       |                                 |                |  |                       | ☐ DELETE                                  |                        | 5.1 TITLE             |              |                   |                 | ☐ Change ☐ Additi   | on      |  |
| NAME  |                                 |                |  |                       |   |                        | 5.2 NAM               |              |                   |                 |   |         |  |
| STREET ADDRESS                              |                                 |                |  |                       |   |                        | 5.3 STRE              |              | 1                 |                 |   |         |  |
| CITY-ST-ZIP<br>TITLE                        | <del>-</del>                    |                | ·  |                       | DELETE                                    |                        | 5.4 CITY<br>6.1 TITLE |              | ZIP               |                 | ☐ Change ☐ Additi   | or      |  |
| NAME  |                                 |                |  |                       | 000010                                    | 1                      | 6.2 NAM               |              |                   |                 | E change Mount  | 911     |  |
| STREET ADDRESS                              |                                 |                |  |                       |   |                        | 6.3 STRE              |              | DDRESS            |                 |   |         |  |
|   | I                               |                |  |                       |   |                        | 4.0 Q111L             |              | - D. ICOO         |                 |   |         |  |

14. Thereby 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 trustep 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.

**FILED** 

May 15 1998 8:00am

Secretary of State