## 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** # P95000077241 (4)

PYRAMID ASSOCIATES, INC.

## **FILED** Feb 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 129 NANDINA CIR. 129 NANDINA CIR. PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1995 Applied For 2a. Mailing Address 2. Principal Place of Business FEI Number Not Applicable 59-3342975 21 Suite. Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 29 30 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HOULD, STEPHEN A ESQ. 708 N. THIRD STREET Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE BEACH FL 32250 Zip Code R4 City 85 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 bolti, 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 Segulation typed or printed name of regularist approximation if applicable INCIT: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change 1.1 TITLE TITLE 1.2 NAME WILLIAM J. COLLINS NAME 129 NANDINA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 14 CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 21 TITLE TITLE NAME LISA ANN LEE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS **161 BARBERRY LANE** PONTE VEDRA BEACH FL 2 4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 3 1 TITLE TITLE 3.2 NAME LEGEZE, PETER P JR NAME 3.3 STREET ADDRESS STREET ADDRESS 136 PLANTATION CIRCLE, S PONTE VEDRA BEACH FL 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITL F 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Channe Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 arinual 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 Officer or director of the corporation of the rectines of abolic supplies.

Block 12 or Block 13 d changed, or on an attachment with an address

904-285-5949