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FILED

Jul 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097118 (0)

1. Corporation Name
P-3, INCORPORATED

Principal Place of Business
4515 OAK FAIR BOULEVARD
SUITE 103
TAMPA FL 33610

Mailing Address
4515 OAK FAIR BOULEVARD
SUITE 103
TAMPA FL 33610-7345



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
12/26/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3361201

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ALLONGE, JOSEPH
4515 OAK FAIR BOULEVARD
SUITE 103
TAMPA FL 33610

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 607.0502 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 ~~1985 PRESIDENT~~ ☐ DELETE

NAME
ALONGE, JOSEPH P
STREET ADDRESS
4709 BAY CREST DR
CITY-ST-ZIP
TAMPA FL

TITLE ~~D~~ ☒ DELETE

NAME
SEWILL, DENNIS L
STREET ADDRESS
18080 N. ENCHANTED DR.
CITY-ST-ZIP
ANDOVER MN

TITLE ~~D~~ ☒ DELETE

NAME
DOHERTY, RICHARD
STREET ADDRESS
225 89TH PL. NE
CITY-ST-ZIP
FRIDLEY MN

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

NAME
P
ALONGE JOSEPH P
STREET ADDRESS
4709 BAY CREST DR
CITY-ST-ZIP
TAMPA, FL, 33615

2.1 TITLE ☐ Change ☒ Addition

NAME
S
RONALD R. TILLER
STREET ADDRESS
186 HAWTHORNE RD.
CITY-ST-ZIP
SURGOINSVILLE, TN, 37873

3.1 TITLE ☐ Change ☒ Addition

NAME
T
CHARLES F. CULBERTSON
STREET ADDRESS
120 COLUMBINE
CITY-ST-ZIP
KINGSPORT, TN, 37660

4.1 TITLE ☐ Change ☒ Addition

NAME
D
ROBERT DOBIE
STREET ADDRESS
1804 BRIMBLEWOOD
CITY-ST-ZIP
KINGSPORT, TN, 37660

5.1 TITLE ☐ Change ☐ Addition

NAME
D
WAYNE BASLER
STREET ADDRESS
PO BOX 2049
CITY-ST-ZIP
KINGSPORT, TN, 37662

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

[Handwritten Signature]

CR2E034 (9/96)