

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90075 040 \*\*\*150.00

DOCUMENT # P95000097118

1. Corporation Name  
P-3, INCORPORATED

Principal Place of Business

2611 SAMMONDS RD.  
PLANT CITY FL 33566

Mailing Address

2611 SAMMONDS RD.  
PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1995

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ALLONGE, JOSEPH  
2611 SAMMONDS RD.  
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

Alonge, Joseph

82 Street Address (P.O. Box Number is Not Acceptable)

8488 W. Hillsborough Ave.

83

#134

84 City

Tampa

FL

85 Zip Code

33615

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 X

(NOTE: Registered Agent signature required when reinstating)

2/25/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE T ☐ DELETE

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

TITLE D ☐ DELETE

NAME DOBLE, ROBERT  
STREET ADDRESS 1804 BRAMBLEWOOD  
CITY-ST-ZIP KINGSPORT TN

TITLE D ☐ DELETE

NAME BASLER, WAYNE  
STREET ADDRESS PO BOX 2049 N/A  
CITY-ST-ZIP KINGSPORT TN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Alonge, Joseph P.  
1.3 STREET ADDRESS 8488 W. Hillsborough Ave. #134  
1.4 CITY-ST-ZIP Tampa FL 33615

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 (813) 707-8887

Date

Daytime Phone #

CR2E034 (1/98)