## 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

## DOCUMENT # P9600001901

P'S IN A POD, INC.

Principal Place of Business

Mailing Address

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90123 040 \*\*\*150.00



10308 OUT ISLAND DRIVE 10308 OUT ISLAND DRIVE				
TAMPA FL 33615 TAMPA FL 33615		TAMPA FL 33615		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
,				01/02/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 12010	WANDSWORTH DR	26 12010 WAND	SWORTH L	1 50-901-100 62 -17.27.554 Not Applicable
Suite, Apt. 1		Suite, Apt. #, etc.		5. Certificate of Status Desired
22 27				5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 TAMPA TL		28 TAMPA FI		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible  Personal Property Tax
24 -5564	2625 Hills	29 33626 30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
04 Name -				
PEREZ RICHARD S				PEREZ RICHARD
10308 OUT ISLAND DRIVE			82 Street A	Address (P.O. Box Number is Not Acceptable)
			83	12010 WHIDS WILL BIR
	·		84 City	AMPA FL 85 Zip Code 33626
44. 5				
I affice as societared agent, or both, in the State of Florida, Such change was sufficiently the corneration's notific of filectors. I necessity discussion the depolition of filectors are societared agent, or both in the State of Florida, Such change was sufficiently the corneration's notific of filectors.				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Startature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D.,	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, RICHARD S		1.2 NAME	
STREET ADDRESS	10308 OUT ISLAND DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, RICHARD C		2.2 NAME	
STREET ADORESS	10308 OUT ISLAND DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		2.4 CITY-ST-ZIP	
TITLE	D:	☐ DELETE	3.1 TTTLE	☐ Change ☐ Addition
NAME	PEREZ, KAREN A	• • • •	3.2 NAME	
STREET ADDRESS	10308 OUT ISLAND DRIVE		3.3 STREET ADDRESS	ļ
CITY-ST-ZIP	TAMPA FL 33615		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PEREZ, BEVERLY P		4, 2 NAME	
STREET ADDRESS	7811 E 114TH AVE		4.3 STREET ADDRESS	•
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP	Change Addition
TITLE	D	☐ DELETE	5.1 TITLE	. U Change Maddillon
NAME .	PEREZ, DARREN J		5.2 NAME	
STREET ADDRESS	7811 E 114TH AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	☐ 5.51.57E	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
πιε 	D .	☐ DELETE		☐ Change ☐ Addition
NAME	PEREZ, RONALD C		6.2 NAME	
STREET ADDRESS	7811 E 114TH AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		6.4 CITY-ST-ZIP	

14. 1 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.

855-3533