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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Mailing Address

13716 MARSEILLES COURT

CLEARWATER FL 33762

DOCUMENT # P96000029244

PAF OF TAMPA BAY, INC.

Principal Place of Business

13716 MARSEILLES COURT CLEARWATER FL 33762

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 03/28/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3376858 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FEDERICO, PHILIP A Street Address (P.O. Box Number is Not Acceptable) 13716 MARSEILLES COURT **CLEARWATER FL 33762** 83 84 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Change 1.1 TITLE TITLE DERICO, PHILIP FEDERICO, PHILLIP A 1.2 NAME NAME 16 MARSEILLES COURT 11430 SHIPWATCH LANE, NO. 1051 1.3 STREET ADDRESS STREET ADDRESS EARWATER, FL. 33762 LARGO FL 14 CITY-ST-ZIP CITY-ST-ZIP [Addition ☐ Change TITLE DELETE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME

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. Pairedenies PHILTED A FEDERICO 1/5/99

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90029 025 ***150.00

CR2E034 (11/98)