

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 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 # P96000035820 (5)

1. Corporation Name

FRANKLYN OF PINELLAS, INC.

Principal Place of Business

1610 PINELLAS RD  
BELLEAIR FL 34616

Mailing Address

1610 PINELLAS RD  
BELLEAIR FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3372577

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 33756

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33756

Country

9. Name and Address of Current Registered Agent

STAACK, JAMES A  
121 N OSCEOLA AVE, 2ND FL  
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

ALFANO, LINDA

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

1610 PINELLAS RD

83

84 City

Belleair

FL

85 Zip Code 33756

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

*Sandra Mortham*

LINDA ALFANO

9-12-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ALFANO, FRANK  
STREET ADDRESS 1610 PINELLAS RD  
CITY-ST-ZIP BELLEAIR FL 34616

TITLE D ☐ DELETE  
NAME ALFANO, LINDA  
STREET ADDRESS 1610 PINELLAS RD  
CITY-ST-ZIP BELLEAIR FL 34616

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ZIP 33756

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ZIP 33756

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 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:

*Linda Alfano*

3375633756

CR2E034 (4/97)