

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 22, 1999 8:00 am
Secretary of State

03-22-1999 90033 008 ***150.00

DOCUMENT # P96000035820

1. Corporation Name

FRANKLYN OF PINELLAS, INC.

Principal Place of Business

**1610 PINELLAS RD
BELLEAIR FL 33756
US**

Mailing Address

**1610 PINELLAS RD
BELLEAIR FL 33756
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1996

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 18 SUNSET BAY

2a. Mailing Address

26 18 SUNSET BAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Belleair FL

City & State

28 BELLEAIR FL

Zip Country

24 33756 25 US

Zip Country

29 33756 30 US

9. Name and Address of Current Registered Agent

**ALEANO, LINDA
1610 PINELLAS RD
BELLEAIR FL 33756**

10. Name and Address of New Registered Agent

81 Name ALFANO, LINDA

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

18 SUNSET BAY

83

84

City BELLEAIR

FL

Zip Code

85 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 officer 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

Linda Alfano

LINDA ALFANO

3-16-99

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 ☐ DELETE

**NAME ALFANO, FRANK
STREET ADDRESS 1610 PINELLAS RD
CITY-ST-ZIP BELLEAIR FL**

TITLE ☐ DELETE

**NAME ALFANO, LINDA
STREET ADDRESS 1610 PINELLAS RD
CITY-ST-ZIP BELLEAIR FL**

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

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

**18 SUNSET BAY
BELLEAIR FL 33756**

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**18 SUNSET BAY
Belleair FL 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 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:

Linda Alfano

3-16-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR20034 (11/98)