

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90156 001 ***150.00

DOCUMENT # P96000038563

1. Corporation Name

EXCEL CENTER OF WEST PASCO, INC.

Principal Place of Business

6464 RIDGE ROAD
PORT RICHEY FL 34668

Mailing Address

P.O. BOX 817
PORT RICHEY FL 34673-0817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1996

4. FEI Number

59-3378403

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 4132 CLAREMONT DR

Suite, Apt. #, etc.

22 City & State

23 NEW PORT RICHEY, FL

24 Zip 34652 25 Country U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

9. Name and Address of Current Registered Agent

BROWN, DENNIS
6636 INDUSTRIAL AVENUE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

82 KEVIN MURPHY

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

4132 CLAREMONT DRIVE

83

84 City

NEW PORT RICHEY FL

85 Zip Code

34652

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 *Kevin Murphy* KEVIN MURPHY, TREASURER APRIL 20, 1999

(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 PD ☐ DELETE

NAME CARMACK, ROBERT S

STREET ADDRESS 4893 RIDGEMOR CIR.

CITY-ST-ZIP PALM HARBOR FL 34685

TITLE VP ☐ DELETE

NAME BROWN, DENNIS

STREET ADDRESS 6636 INDUSTRIAL AVENUE

CITY-ST-ZIP PORT RICHEY FL 34668

TITLE TD ☐ DELETE

NAME MURPHY, KEVIN

STREET ADDRESS 4132 CLAREMONT

CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE SD ☐ DELETE

NAME LEMERY, LINDA

STREET ADDRESS 950 N.E. HIGHWAY 27, ALT.

CITY-ST-ZIP CHIEFLND FL 32626

TITLE SD ☐ DELETE

NAME LEMERY, CARL

STREET ADDRESS 950 N.E. HIGHWAY 27, ALT.

CITY-ST-ZIP CHIEFLND FL 32626

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

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: *Kevin Murphy* KEVIN MURPHY, TREASURER 4/20/99 727-846-8584

CR2E034 (1/1/98)