

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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040561 (8)

1. Corporation Name
SERENDIPITY HOLDINGS, INC.

Principal Place of Business
11555 TRADEWINDS BLVD.
LARGO FL 34643

Mailing Address
11555 TRADEWINDS BLVD.
LARGO FL 34643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 670 ISLAND WAY
Suite, Apt. #, etc.
22 UNIT #803
City & State
23 CLEARWATER, FL
Zip
24 33767
Country
25 USA

2a. Mailing Address
26 670 ISLAND WAY
Suite, Apt. #, etc.
27 UNIT #803
City & State
28 CLEARWATER, FL
Zip
29 33767
Country
30 USA

3. Date Incorporated or Qualified
05/06/1996

4. FEI Number
59-3381610
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

9. Name and Address of Current Registered Agent
CLINE, HARRY S
400 CLEVELAND ST.
SUITE 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
625 COURT STREET
83 SUITE 200
84 City
CLEARWATER 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	TURRELL, ROGER	11555 TRADEWINDS BLVD.	LARGO FL 34643	<input type="checkbox"/>
SD	TURRELL, CAROL A	11555 TRADEWINDS BLVD.	LARGO FL 34643	<input type="checkbox"/>
T	BOGNIARD, JEFFREY R	11555 TRADEWINDS BLVD.	LARGO FL 34643	<input type="checkbox"/>
V	BOGNIARD, JASON R	11555 TRADEWINDS BLVD.	LARGO FL 34643	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Carol M. Turrell* **REQUIRED**

1/9/98 813-447-5578

CR2E034 (10/97)