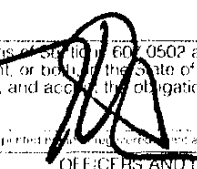


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 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 # <i>P96000045878</i>					
1. Corporation Name <i>PINELLAS EQUITY, INC.</i>					
Principal Place of Business <i>12360 66th ST. N.</i> <i>LARGO FL 33773</i>			Mailing Address <i>12360 66th ST. N.</i> <i>LARGO FL 33773</i>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <i>5/30/96</i>	
				3a. Date of Last Report 	
				4. FEI Number <i>59-3380323</i>	
				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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent <i>AMERILAWYER CHARTERED</i> <i>343 ALMERIA AVENUE</i> <i>CORAL GABLES FL 33134</i>			10. Name and Address of New Registered Agent 81 Name <i>THOMAS NASH</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>400 CLEVELAND ST.</i> 83 <i>8th FLOOR</i> 84 City <i>CLEARWATER</i> FL 85 Zip Code <i>34615</i>		
11. Pursuant to the provisions of Section 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:  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE ☐ DELETE NAME <i>PRESIDENT</i> STREET ADDRESS <i>JAMES W. MOYLES, III</i> CITY, ST, ZIP <i>12360 66th ST. N.</i> <i>LARGO FL 33773</i>					
TITLE ☐ DELETE NAME <i>VICE PRESIDENT</i> STREET ADDRESS <i>NATALIE MOYLES</i> CITY, ST, ZIP <i>12360 66th ST. N.</i> <i>LARGO FL 33773</i>					
TITLE ☐ DELETE NAME STREET ADDRESS CITY, ST, ZIP					
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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					
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 declare, 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, on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4/17/97</i> Daytime Phone # <i>813-535-9895</i>					

CR2E034 (9/96)