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

DOCUMENT # P9600050878 1. Corporation Name

D.A.PITT, INC.

	*								AL BIARI BERET (BIAR	
Principal Place of Business Mailing Address							* 10EHED) 119 (BIN BITH BITH	##II(##III ## []	., . , ., ., ., ., ., ., ., ., ., ., ., ., .,	1880 180 180 -
1492 W FAIRBANKS AVE 1492 W FAIRBANKS AVE WINTER PARK FL 32789 WINTER PARK FL 32789									•	
US		U\$					DO NOT WI		S SPACE	···
							Incorporated or Qualife	d		
O Delevate at 5	DI						10/1996		· .	
<u> </u>	2. Principal Place of Business 2a. Mailing Address						Number	-	Ar	plied For
21		26				59∹	<u>3377086</u>		No	ot Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certi	ifcate of Status Desired		\$8.75 / Fee Re		
City & Sta	te	City & State				6. Elec	tion Campaign Financine		\$5.00	May Ro
23		28				Trus	t Fund Contribution	' 🗆	Added t	
Zip	Country	Zip	Cour	ntry		8, This	corporation owes the cu	rrent vear Ir		
24	25	29	30				onal Property Tax.	,	Yes	□No
	9. Name and Address of Curre					10. Nam	e and Address of New	Registered	Agent	
DITT		A Property of the Control of the Con		81	Name					
PITT, DAVID A					Ch4 A -1 -1	· · · · · · · · · · · · · · · · · · ·				
2178 ELMCREST PLACE				82	Street Address (P.O. Box Number is Not Acceptable)					
OMEDO FL 32765				83				,		7 9 1 12
				84					4 93 1	
į					City			FL	85 Zip C	Code
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obligations of the state	ations of, Section 607.0505, F	Florida Statu	tes.	the corporation	ns board o	f directors. I hereby acce	ppt the appo	intment as rec	gistered
12.		ND DIRECTORS	13.	-gont	agnature required		TIONS/CHANGES TO O		NO DIDECTO	
TITLE	DP	☐ DELETE	1.1 T/TL	E		االطالم	IONSICHANGES TO O	FICERS A	Change	Addition
NAME	PITT, DAVID A	_		1.2 NAME					Criange	
STREET ADDRESS										
•	OVIEDO EL 20705		ľ	1.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	DV.			1.4 CITY-ST-ZIP			<u>.</u>			
NAME	l 5.1	□ NELEIE	2.1 TITL						☐ Change	Addition
	PITT, NANCY L		2.2 NAM	-						
STREET ADDRESS	2178 ELMCREST PLACE				ADDRESS					
CITY-ST-ZIP	OVIEDO FL 32765		2. 4 CIT		-ZIP		· ,			
TITLE	·	☐ DELETE	3.1 TITL	E.					☐ Change	Addition
NAME	v v v v v v v v v v		3.2 NAW	Æ						
STREET ADDRESS			3.3 STR	EET A	ADDRESS					
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	4.1 TITL	E					☐ Change	Addition
NAME			4.2 NAA	ΛE					•	
STREET ADDRESS			4.3 STRI	EET A	DDRESS					
CITY-ST-ZIP			44.000		710					

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 preceiver 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 chapted, or on an attaching twith an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

Mark British in in

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

DELETE

Change

☐ Change

Addition

Addition

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90003 003 ***150.00