

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  
Jun 02, 1999 8:00 am  
Secretary of State

06-02-1999 90003 013 \*\*\*150.00  
06-02-1999 90003 014 \*\*\*\*\*8.75

DOCUMENT # P96000072258

1. Corporation Name  
PAVITAKE CORP

Principal Place of Business  
1951 GLEN LAKES CIRCLE NORTH  
ST. PETERSBURG FL 33702

Mailing Address  
1951 GLEN LAKES CIRCLE NORTH  
ST. PETERSBURG FL 33702



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number  
59-3403448

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHEELE, TAMI  
1951 GLEN LKS CR N  
ST. PETERSBURG FL 33702

81 Name

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

83

84 City

FL 85 Zip Code

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME SCHEELE, TAMI J  
STREET ADDRESS 1951 GLEN LAKES CR N  
CITY-ST-ZIP ST PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME SCHEELE, PAUL C  
STREET ADDRESS 1951 GLEN LAKES CIR N  
CITY-ST-ZIP ST PETERSBURG FL

1.2 NAME ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME MAY, VICKY S  
STREET ADDRESS 350 70TH AVE N #344  
CITY-ST-ZIP ST PETERSBURG FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME O'TOOLE, KEVIN P  
STREET ADDRESS 108 PINEGROVE DR  
CITY-ST-ZIP VENICE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 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: Tom J. Scheele  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 727-576-1336  
Date Daytime Phone #

CR2E034 (1/98)

0405456