

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019663 (8)

1. Corporation Name

PARK PLACE OF GAINESVILLE, INC.

Principal Place of Business

311 PARK PLACE BLVD., STE. 225
CLEARWATER FL 34619

Mailing Address

311 PARK PLACE BLVD., STE. 225
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1997

4. FEI Number

59-3431985

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 13160 110th Ave N.
Suite, Apt. #, etc.

27 City & State

28 Largo, FL

29 Zip

33774

Country

30

9. Name and Address of Current Registered Agent

PIAZZA, JOHN J SR.
311 PARK PLACE BLVD., STE. 225
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

John J. Piazza, Sr.

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

13160 110th Ave N.

83

84 City

Largo

FL

85 Zip Code

33774

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

John J. Piazza, Sr.

3/3/98

DATE

Signature type of printed name of registered agent and filed as applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIAZZA, JOHN J SR.	
STREET ADDRESS	311 PARK PLACE BLVD., STE. 225	
CITY-ST-ZIP	CLEARWATER FL 34619	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres. & Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John J. Piazza, Sr.	
1.3 STREET ADDRESS	13160 110th Ave. N.	
1.4 CITY-ST-ZIP	Largo, FL 33774	

2.1 TITLE	V-P & Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosemary E. Piazza	
2.3 STREET ADDRESS	13160 110th Ave N.	
2.4 CITY-ST-ZIP	Largo, FL 33774	

3.1 TITLE	Treasurer & Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vincent J. Lentini	
3.3 STREET ADDRESS	13160 110th Ave N.	
3.4 CITY-ST-ZIP	Largo, FL 33774	

4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rita A. Lombardi	
4.3 STREET ADDRESS	13642 Serena Drive	
4.4 CITY-ST-ZIP	Largo, FL 33774	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Rita A. Lombardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/98 (813) 425-8089

DATE

Daytime Phone #

0396245

CR2034 (1097)