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FILED

Jul 02 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 # P97000022445 (5)

1. Corporation Name

PYRAMID CONSULTING & INVESTMENT CO.



Principal Place of Business

Mailing Address

301 SOUTH MISSOURI AVENUE  
CLEARWATER FL 34616

301 SOUTH MISSOURI AVENUE  
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 172 N BELCHER RD

Suite, Apt. #, etc.

22 City & State  
CLEARWATER FL

23 Zip 33765 Country USA

24

2a. Mailing Address

26 172 N. BELCHER

Suite, Apt. #, etc.

27 City & State  
CLEARWATER FL

28 Zip 33765 Country USA

29

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3432326

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME MORTON, VICTORIA M  
STREET ADDRESS 301 SOUTH MISSOURI AVENUE  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE VSD ☒ DELETE

NAME WRAY, GAYLE A  
STREET ADDRESS 301 SOUTH MISSOURI AVENUE  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE T ☐ DELETE

NAME MCCLURG, TERRY  
STREET ADDRESS 301 SOUTH MISSOURI AVENUE  
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PSD ☒ Change ☐ Addition

1.2 NAME MORTON, VICTORIA M

1.3 STREET ADDRESS 172 N. BELCHER RD

1.4 CITY-ST-ZIP CLEARWATER FL 33765

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE T ☒ Change ☐ Addition

3.2 NAME MCCLURG, TERRY

3.3 STREET ADDRESS 172 N. BELCHER RD

3.4 CITY-ST-ZIP CLEARWATER FL 33765

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 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

VICTORIA MORTON

6/23/98 813-437-1500

CR2E034 (10/97)