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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024281 (2)

PRACTICALLY FRIVOLOUS INC.

## **FILED** Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4140 16 STREET NO 4140 16 STREET NO ST PETERSBURG FL 33703 ST PETERSBURG FL 33703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. X Yes 30 9. Name and Address of Current Registered Agent 0. Name and Address of New Registered Agent Name FITZGERALD, ELAINE 6635 COLONY DR Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33705 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or proted name of registernal agent and title if appaicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change TITLE Addition NAME FITZGERALD. ELAINE 12 NAME STREET ADDRESS 6635 COLONY DR 1.3 STREET ADDRESS ST PETERSBURG FL 33705 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TIFLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP TITLE DELFTE 5.1 TITLE Channe Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 61 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP

Thereby 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 suppliemental 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. 14. I hereby

SIGNATURE:

198528-2702