

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 # **P97000030038**

1. Corporation Name
PAMONA, INC.

Principal Place of Business
**818 PALMETTO TERRACE
OVIEDO FL 32765
US**

Mailing Address
**818 PALMETTO TERRACE
OVIEDO FL 32765
US**

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90019 026 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1997

4. FEI Number

58-2300206

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **5224 W. STATE ROAD 46**

Suite, Apt. #, etc.

22

City & State

23 **SANFORD FL**

Zip

24 **32771**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29 **32771**

Country

30

9. Name and Address of Current Registered Agent

**OLSEN, THOMAS R
2518 EDGEWATER DRIVE
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

81 Name

PATRICK HALPENNY

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

818 PALMETTO TERRACE

83

84 City

OVIEDO

FL

85 Zip Code

32765

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

Patrick C. Halpenny

3/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **HALPENNY, PATRICK C**
STREET ADDRESS **318-B BULL MILL RD**
CITY-ST-ZIP **CHESTER NY 10918**

TITLE ☐ DELETE

NAME **HALPENNY, RAMONA S**
STREET ADDRESS **318-B BULL MILL RD**
CITY-ST-ZIP **CHESTER NY 10918**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

818 PALMETTO TERRACE

1.4 CITY-ST-ZIP

OVIEDO FL 32765

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

818 PALMETTO TERRACE

2.4 CITY-ST-ZIP

OVIEDO FL 32765

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Patrick C. Halpenny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

407-322-2312

Daytime Phone #

0076498

CR2E034 (11/98)