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

## ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000031126 (0) MAINE CONNECTION INC. OF PINELLAS PARK Principal Place of Business Mailing Address 6522 64TH AVE N 6522 84TH AVE N PINELLAS PARK FL 33781-1212 PINELLAS PARK FL 33781-1212 2. Principal Place of Business 2a. Mailing Address Donbeath St 1443 6005 Suite, Apt. #, etc. Suite, Apt #, etc. City & State City & State Pinellas St Park 25 Pinellas 29 33780 Name and Address of Current Registered Agent

## **FILED** May 06 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1997 Applied For 3463697 Box Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 30 Pinellas Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent COLLINS, FRED JR Fred 6522 84TH AVE N nber is Not Acceptable) 82 PINELLAS PARK FL 33781-1212 unbeath 83 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 agent, or holt, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and familiar with and accept the obligations of, Section 607.0505, Florida Statutes. 3-10-95 SIGNATURE (NOTE: Registered Agent signature required when reinstating) (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change TITLE 1.1 TITLE **COLLINS, FRED** NAME 1.2 NAME 6522 84TH AVE N STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL 33781-1212 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 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.

SIGNATURE:

Coppia

3-10-98