


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

FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000035903 (8)**

1. Corporation Name

**GREATEST PYRAMID, INC.**



Principal Place of Business

Mailing Address

**2144 PAGET CIRCLE  
NAPLES FL 34112**

**2144 PAGET CIRCLE  
NAPLES FL 34112**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/22/1997**

4. FEI Number

**59-3456445**

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  
**21 801 Industrial Drive**  
Suite, Apt. #, etc.

2a. Mailing Address  
**26 801 Industrial Drive**  
Suite, Apt. #, etc.

22 City & State  
**23 Wildwood, FL**

27 City & State  
**28 Wildwood, FL**

24 Zip **34785** 25 Country **USA**

29 Zip **34785** 30 Country **USA**

9. Name and Address of Current Registered Agent

**O'CONNER, PATRICK M  
18167 US HWY 19 NORTH  
SUITE 150  
CLEARWATER FL 34624**

10. Name and Address of New Registered Agent

81 Name **PATRICK O'CONNOR**  
82 Street Address (P.O. Box Number is Not Acceptable) **2240 BELLEAIR RD SUITE 160**  
83  
84 City **CLEARWATER** FL 85 Zip Code **33764**

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

*[Signature]*

**4/1/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GUERIN, HELEN T</b>
STREET ADDRESS	<b>2144 PAGET CIRCLE</b>
CITY-ST-ZIP	<b>NAPLES FL 34112</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<del>Joseph Zilligen</del>
STREET ADDRESS	<del>801 Industrial Drive</del>
CITY-ST-ZIP	<del>Wildwood, FL 34785</del>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P</b>
1.3 STREET ADDRESS	<b>Joseph Zilligen</b>
1.4 CITY-ST-ZIP	<b>801 Industrial Drive</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP, D</b>
2.3 STREET ADDRESS	<b>Barry Southard</b>
2.4 CITY-ST-ZIP	<b>801 Industrial Drive</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S</b>
3.3 STREET ADDRESS	<b>Scott Holland</b>
3.4 CITY-ST-ZIP	<b>801 Industrial Drive</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>T.D</b>
4.3 STREET ADDRESS	<b>John Hamilton</b>
4.4 CITY-ST-ZIP	<b>801 Industrial Drive</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>Donald Peterson</b>
5.4 CITY-ST-ZIP	<b>801 Industrial Drive</b>
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.

CR2E034 (10/97)