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Apr 14 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P9700040836 (3) CALENDER GIRLS OF PASCO, INC. Principal Place of Business Mailing Address 7435 MULLIGAN 7435 MILLIGAN PORT RICHEY FL 34668 PORT RICHEY FL 34668 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/05/1997 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Country Zip Country 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHITNEY, LEONARD 7435 MULLIGAN 82 PORT RICHEY FL 34668 83 84 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 such the State of Florida, Such change was authorized by the corporation's beard of directors. I hereby accept the appointment as registered agent. For familiar with, and accept the obligations of Section 607,0565. For the Statutes. SIGNATURE (NCITE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TITLE 1.1 TITLE esident Whitney bnenos. NAME 12 NAME 1435 molligan ct. STREET ADDRESS 1.3 STREET ADDRESS PORT RICHEY, FL CITY-ST-ZIP 1.4 CITY - \$T-ZIP DELETE Addition TITLE 2.1 TITLE Pirulli NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-S1-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 1ITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5.1 TiTLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 City-ST-ZIP 14. 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

4-7.98

352-666-7100

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