

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthay  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19 1998 8:00am  
Secretary of State

DOCUMENT # P97000070278 (1)

1. Corporation Name

PAIN RELIEF DIST. INC.



Principal Place of Business

21227 US HWY. 19, STE. 1590  
CLEARWATER FL 34625

Mailing Address

21227 US HWY. 19, STE. 1590  
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1997

2. Principal Place of Business

21 6435-92nd Place N  
Suite, Apt. #, etc.  
#901

22 City & State  
Pinellas Park FL

23 Zip 33782 Country Pinellas

24 9. Name and Address of Current Registered Agent

GLOVER, BONNIE G  
21227 US HWY. 19, STE. 1590  
CLEARWATER FL 34625

2a. Mailing Address

26 6435-92nd Place N  
Suite, Apt. #, etc.  
#901

27 City & State  
Pinellas Park FL

28 Zip 33782 Country Pinellas

4. FEL Number

59-3466316

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

10. Name and Address of New Registered Agent

81 Name Bonnie B Glover

82 Street Address (P.O. Box Number is Not Applicable)  
6435-92nd Place N #901

83

84 City Pinellas Park FL 85 Zip Code 33782

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

BONNIE G GLOVER

Bonnie B Glover

4/18/98

Signature, typed or printed name of registered agent and for it applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME BONNIE G GLOVER  
STREET ADDRESS 6435-92nd Place N #901  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE

Bonnie B Glover, BONNIE G GLOVER 4/18/98 813-548-4720

CR2E034 (10/97)