PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081181

PINELLA	is title services, inc	•									
Principal Plac	e of Business	Ma	iling Address) (318) (41 (38)	
2420 E ENTERPRISE RD 2420 E ENTERPRISE RD										•	
SUITE 105 SUITE 105											
CLEARWATER FL 33763 CLEARWATER FL 33763							DO NOT WRITE IN THIS SPACE				٦.
US		US					3. Date Incorporated or Qualifed 09/18/1997				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For] :
21		26					59-3471427		N	lot Applicable] :
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te		City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution	Ц	Added	l to Fees	╛
Zip	Country		Zip	Cou	intry		8. This corporation owes the cur	rent year Int	angible		
24	25	29		30			Personal Property Tax.		☐ Yes	□No	╛
	9. Name and Address of Cu	rrent Regist	ered Agent		<u> </u>		10. Name and Address of New	Registered	Agent	·	4
TENA	, loci b	,			81	Name	•				İ
TEW, JOEL R 2655 MCCORMICK DR., STE. 106					82	Street Addre	Address (P.O. Box Number is Not Acceptable)			1	
CLE	ARWATER FL 33759				83			5. 44.154	S. 47 1	(報) (報)	7
					84	City	<u> </u>	<u> </u>	85 Zip	Code	1
		0500 1 60	7 1509 Florido State	tos the e	<u> </u>	nomed come	oration submits this statement for the	numoee of	changing it	te registered	┨
11. Pursuant	registered agent, or both, in the Si	oouz and ou	7. 1306, Florida State	nes, me a	DOVO	-nameu corpe	n's board of directors. I boroby acco	ent the appear	ntment as r	egistered	
agent. I a	am familiar with, and accept the ob	bligations of,	a. Such change was Section 607.0505, Fi	autnorized orida Stati	d by t utes.	the corporation	on's board or directors. Thereby acce	pt tile appoi	•		
agent. I a	am familiar with, and accept the ob	bligations of,	Section 607.0505, FI	onda Stati	utes.	the corporatio					
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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 trusted 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

AME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90032 014 ***150.00