Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90009 001 *1,428.75

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000083160

1. Corporation Name

PENSAC	OLA REGIONAL OFFICE, II	NC.								
Principal Place	e of Business	Mailing Address					i iffilifit na chiti taatt aatti eat		19194 11141 11911	******
13922 58TH ST NORTH 13922 58TH ST NORTH						}				
CLEARWATER FL 33760 CLEARWATER FL 33760							DO NOT WRI	TE IN THIS	SPACE	
						-	3. Date Incorporated or Qualifed	12 114 11110	<u> </u>	
							09/24/1997			
2 Princir al Pi	lace of Business	2a, Mailing Address					4. FEI Number		Ar	plied For
-	and or dustrials		26			Ì	APPLIED FOR		No	t Applicable
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.						\$8.75	Additional	
22 27						1	5. Certificate of Status Desired	_ ⊠ 	Fee Re	quired
City & State	City & State	State			6. Election Campaign Financing \$5.00 May Be			May Be		
23		28					Trust Fund Contribution		Added	o Fees
Zip	Country	Zip	Count	гу			8. This corporation owes the curr	ent year Int		
24	25						Personal Property Tax. 10. Name and Address of New Register		Yes No	
	9. Name and Address of Curre	nt Registered Agent	8	-4 T	Name	·——	10. Name and Address of New F	(egiste) eo	Agen	
GAP.	TON LODI		ľ	1						
GARTON, LORI 13922 58TH ST NORTH			8	2	Street F	f ddress	(P.O. Box Number is Not Accepta	able)		l
CLEARWATER FL 33760				83						
Chtr	ANTAILINI C GOTGO		°	3						
			8	4	City			F: L	85 Zip (Code
	to the provisions of Sections 607.05	COZ 4500 Flyddo Statute	o the ebe		nomod (tion submite this statement for the		changing its	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change was at	ипопиер и	yy ιr	ne corpo	ation's	board of directors. I hereby acces	ot the acpoi	ıntment as re	gistered
SIGNATURE		1000	Desistent As		war abusa sa	o wired up	on raineighte.	DATE		. <u></u>
42	Signature, typed or printed r ame of registered ager t and title if applicable (NO OFFICERS AND DIRECTORS		Registered Agent signature requ		e julied 41	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12	
12. TITLE			_	1.1 TITLE			7,0511101101101101101		Change	Addition
NAME				12 NAME						1
STREET ADDRESS		3922 58TH ST NORTH		1,3 STREET ADDRESS						
CITY-ST-ZIP	1			1.4 CITY-ST-ZIP		,				Í
TITLE	VP	☐ DELETE	2.1 TITLE			PD	PD		XX Change	Addition
NAME	RUTENBERG, ARTHUR		2.2 NAMI	2 NAME		RU	TENBERG, ARTHU	JR		-
STREET ADDRESS	13922 58TH ST N		2.3 STRE	ETA	ODRESS	139	22 58th Street N			
CITY-ST-ZIP	CLEARWATER FL 33760			2.4 CITY-ST-ZIP		Cle	arwater, FL 33760			
TITLE	VP	[X DELETE	3.1 TITLE			T			Change	☐ Addition
NAME	SABETTA, JOHN		3.2 NAMI	E						
STREET ADDR :SS	40000 FATH OT N		3.3 STRE	EETA	DORESS	1				i
CITY-ST-ZIP	CLEARWATER FL 33760		3.4. CITY	<u>- S</u> T-	ZIP	L				
TITLE	S	☐ DELETE	4.1 TITLE	=					Change	☐ Addition
NAME	GARTON, LORI		4. 2 NAME							
STREET ADDRESS	13922 58TH ST N		4.3 STRE	EETA	DDRESS	1				
CITY-ST-ZIP	CLEARWATER FL 33760		4.4 CITY	-ST-	ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE	E					☐ Change	☐ Addition
NAME			52 NAM	E	}	}				
STREET ADDRESS			5.3 STRE	EETA	NDDRESS					
CITY-ST-ZIP				CITY-ST-ZIP			······································			
TITLE				6.1 TITLE					Change	Addition Addition
NAME			6.2 NAM		ļ					
OTREET ADDRESS	<u> </u>		6.3 STR	EETA	DORESS	1				\

14. 1 herety certify that the informa ion 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 eath; 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 change (10) of an attach mean address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NE OF EIGNING OFFICE TOR DIRECTOR

/Lori Garton, Secretary

3/18/99

727-536-5900