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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # POZOO

Principal Place	of Business
10328 LIGHTNER TAMPA FL 33626	BRIDGE DR

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90111 040 \*\*\*150.00

1. Corpora	ition Name " F97000	002310				
PINELLAS RESIDENTIAL INVESTMENTS, INC.			347214 - 2011	34/214 - 30111 - 40		
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Principal Pt	ace of Business	Mailing Address		# 10011001 120 10111 18011 00111 00111 00111 0		
10328 LIGHTNER BRIDGE DR 10328 LIGHTNER BRIDGE D			DR			
TAMPA FL 3:	3626	TAMPA FL 33626				
"		US		DO NOT WRITE IN TI	HIS SPACE	
				3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address	<del></del>	10/28/1997 4. FEI Number		<u></u>
21		26		59-3487898	3 4	pplied For
	t.#, etc.	Suite, Apt. #, etc.				lot Applicable Additional
22 Ciby 8 84	040	27		5Certificate.of, Status Desired.	Fee R	Additional
City & St	ate	City & State		6. Election Campaign Financing		May Be
Zip	Country	28		Trust Fund Contribution		to Fees
24	25	Zip <b>29</b>	Country	<ol><li>This corporation owes the current year</li></ol>	Intangible	
	9. Name and Address of Current		30	Personal Property Tax.	☐ Yes	□No
, Droi			81 Name	10. Name and Address of New Registere	ed Agent	
	IGLIADORA, FRANK		20 01			
	928 Lightner Bridge dr MPA FL 33626		82 Street A	Address (P.O. Box Number is Not Acceptable)		"-
}	WFA FL 33020		83			
	•		84 City		· · · · · · · · · · · · · · · · · · ·	
11 Durana	t to the		+,	F		Code
office or	registered agent, or both, in the State o	and 607.1508, Florida Statute f Florida, Such change was a	es, the above-named outhorized by the come	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app		registered
agent, ra	arm ramiliar with, and accept the obligati	ons of, Section 607.0505, Flor	rida Statutes.	autities board of directors. I nereby accept the app	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if analisable (NOTE				
12,	OFFICERS AND		Registered Agent signature red			
TITLE	PVST	☐ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
NAME	BRIGLIADORA, FRANK				Change	
STREET ADDRESS	10000 LICHTHER BRIDGE SO		1.2 NAME	•	Change	Addition
	THE CONTRACTOR DISCOUNT DISCOU		1.2 NAME 1.3 STREET ADDRESS		☐ Change	
CITY-ST-ZIP	TAMPA FL 33626		TE f		☐ Change	
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.