

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90034 045 ***150.00

DOCUMENT # P98000000549

1. Corporation Name
LARSON'S H.I. DOWNTOWN, INC.

Principal Place of Business
**111 EAST MADISON STREET SUITE 2300
TAMPA FL 33602**

Mailing Address
**111 EAST MADISON STREET SUITE 2300
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

4. FEI Number
59-3289858

| |
|----------------|
| 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **400 North Tampa Street**

2a. Mailing Address
26 **400 North Tampa Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 2300**

27 **Suite 2300**

City & State
23 **Tampa, Florida**

City & State
28 **Tampa, Florida**

Zip Country
24 **33602** 25 **USA**

Zip Country
29 **33615** 30 **USA**

9. Name and Address of Current Registered Agent

**PANKAU, STEPHEN L
111 EAST MADISON STREET SUITE 2300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) 400 North Tampa Street |
| 83 Suite 2300 |
| 84 City Tampa 85 Zip Code FL 33602 |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LARSON, ROBERT L | |
| STREET ADDRESS | 111 EAST MADISON STREET SUITE 2300 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LARSON, IRIS D | |
| STREET ADDRESS | 111 EAST MADISON STREET SUITE 2300 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | PTS | <input type="checkbox"/> DELETE |
| NAME | WILLIAMS, DANETTE L | |
| STREET ADDRESS | 111 EAST MADISON STREET SUITE 2300 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | PANKAU, STEPHEN L | |
| STREET ADDRESS | 111 EAST MADISON STREET SUITE 2300 | |
| CITY-ST-ZIP | TAMPA FL 33602 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 400 North Tampa Street, Suite 2300 |
| 1.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 400 North Tampa Street, Suite 2300 |
| 2.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 400 North Tampa Street, Suite 2300 |
| 3.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 400 North Tampa Street, Suite 2300 |
| 4.4 CITY-ST-ZIP | Tampa, Florida 33602 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Steph Pankau **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99
Date

Daytime Phone #

CR2E034 (11/98)