

0383437

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90015 009 ***150.00

DOCUMENT # P98000036151

1. Corporation Name
PALM AIRE POLK, INC.

Principal Place of Business
100 S. ASHLEY DRIVE STE. 1770
TAMPA FL 33602

Mailing Address
100 S. ASHLEY DRIVE STE. 1770
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1998

4. FEI Number

59-3505600

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 3225 S. MAC DILL AVE

Suite, Apt. #, etc.

22 209

City & State

23 TAMPA, FL

Zip

24 33629

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Same

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

PIPPIN, DAVE
100 S. ASHLEY DRIVE STE. 1770
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

DAVE PIPPIN

82 Street Address (P.O. Box Number is Not Acceptable)

3225 S. MAC DILL AVE

83

Suite 209

84 City

TAMPA

FL

85 Zip Code

33629

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.

(NOT: Registered Agent signature required when reinstating)

DATE

11/7/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PIPPIN, DAVE

STREET ADDRESS 100 S. ASHLEY DRIVE STE. 1770

CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President ☒ Change ☐ Addition

12 NAME DAVE PIPPIN

13 STREET ADDRESS 3225 S. MAC DILL #209

14 CITY-ST-ZIP TAMPA, FL 33629

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a I other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVE PIPPIN

Date

11/7/99

Daytime Phone #

813 805 9448

CR2E034 (11/98)