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 # P98000068077

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90033 036 ***150.00

GATOR PRINTING OF PINELLAS, INC.									
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Principal Plac	ce of Business	Mailing Address				L CORCIONE ILM INCHE INCIDENTALINE MI	Tara de rra be ra e d al e t	(BILL BOCK)	CARLE CORE COR
4631 LOWN S							•		
4631 LOWN STREET NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714									
						DO NOT WR	ITE IN THIS SPA	ACE	
ł						3. Date Incorporated or Qualifed			
	N					07/31/1998			
Principal Place of Business Aailing Address						4. FEI Number		Ap	plied For
21 26						59-3539883			t Applicable
						5. Certifcate of Status Desired			Additional
22						<u></u>		Fee Re	
23	28					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip Country				This corporation owes the curr	rant was Interes		lo rees
24	25 29 30				(Personal Property Tax.	·	Yes	No.
9. Name and Address of Current Registered Agent						10. Name and Address of New I			
5 1.0	YD, JAMES E JR		81	Name					
	82	Stragt	Addros	In ID C. Boy Number is Not Asset	-61-)				
3110 1ST AVE. NORTH				Sireer	Addres	s (P.O. Box Number is Not Accepta	able)		ļ
ST. PETERSBURG FL 33713			83						
									
			84	City			FL ^{{*}	5 Zip (Code
11. Pursuant	, the above	e-named	corpora	ation submits this statement for the	nurnose of chai	nging 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.									gistered
SIGNATURE		,							}
CICIATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egisteren Agen	t signature r	equired w	then reinstating)	DATE)
12.	OFFICERS AND DIRECTORS		13.		/	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTO	RS IN 12
TITLE		☐ DELETE	1.1 TITLE		1/	\$		Change	Addition
NAME			1.2 NAME		DA.	NIEL G. Price			
STREET ADDRESS						I Lown St. N.			Ì
CITY-ST-ZIP			1.4 CITY-\$1	r-ZIP	57.	Petersburg, FL 33714			
TITLE	☐ DELI		2.1 TITLE			•		Change	Addition
NAME			2.2 NAME						ĺ
STREET ADDRESS			2.3 STREET ADDRESS		i				ì
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP					
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NAME			3.2 NAME		i				
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
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NAME	250		4. 2 NAME						}
STREET ADDRESS	(£SS		4.3 STREET	í					}
CITY-ST-ZIP				-ZiP					
TITLE			5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME	4000505					
STREET ADDRESS			5.3 STREET						
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TITLE		☐ DELÊTE		}				Change	☐ Addition
NAME			6.2 NAME 6.3 STREET	ADDRESS					
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CITY-ST-ZIP			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:

727-528-1830