

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 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90158 042 \*\*\*150.00

**DOCUMENT # P98000099992**

1. Corporation Name

**ARMENIA OSBORNE, INC.**

Principal Place of Business

P.O. BOX 320342  
TAMPA FL 33579

Mailing Address

P.O. BOX 320342  
TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/24/1998**

4. FEI Number

**59-3544158**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'MALLEY, ANDREW M**  
**712 SOUTH OREGON AVENUE**  
**TAMPA FL 33606**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
<input type="checkbox"/> DELETE	<b>D HUNT, HAMILTON E JR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>4427 WEST KENNEDY BLVD., SUITE 125</b>		
	<b>TAMPA FL 33609</b>		
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	<b>D DOUGLAS, BRADFORD G</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>4427 WEST KENNEDY BLVD., SUITE 125</b>		
	<b>TAMPA FL 33609</b>		
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		61 TITLE	
		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 119.01(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:

**HAMILTON E. HUNT, JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-21-99**

**813-289-5511**

CR2E034 (1/98)