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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90051 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000106605 ✓

1. Corporation Name

NORTHERN PALMS INTERLOCKING PAVERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4832 GROVE POINT DRIVE
TAMPA FL 33624

4832 GROVE POINT DRIVE
TAMPA FL 33624

3. Date Incorporated or Qualified

12/21/1998

4. FEI Number

59-3546278

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

2a. Mailing Address

21 622 OLD VILLAGE WAY

26 622 OLD VILLAGE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 OLDSMAR, FLORIDA

Zip Country

24 34677 25 U.S.

27 City & State

28 OLDSMAR, FLORIDA

Zip Country

29 34677 30 U.S.

9. Name and Address of Current Registered Agent

STEVENS, TREVOR L
4832 GROVE POINT DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME OLDER/PRESIDENT

STREET ADDRESS TREVOR STEVENS

CITY-ST-ZIP 622 OLD VILLAGE WAY

OLDSMAR, FL 34677

TITLE ☐ DELETE

NAME VICE PRESIDENT

STREET ADDRESS PAUL MASON

CITY-ST-ZIP 622 OLD VILLAGE WAY

OLDSMAR, FL 34677

TITLE ☐ DELETE

NAME TREASURER

STREET ADDRESS TOM BATHILDER

CITY-ST-ZIP 622 OLD VILLAGE WAY

OLDSMAR, FL 34677

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: TREVOR STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE 1 OR DIRECTOR

4-23-99

Date

813-818-9245

Daytime Phone #

CR2E034 (11/98)