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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S08152

(8)

Feb 27 1998 8:00am Secretary of State

FILED

1. Corporation	ATRICK K., CORPORATION	_ (0)] 8:814
Principal Plac	e of Business	Mailing Address		-{	011 01011 91011 01911 01914 61611 1601
3007 12TH AVENUE P. O. BOX 75075 TAMPA FL 33605 TAMPA FL 33675				DO NOT WRITE IN	THIS SPACE
		US		3. Date Incorporated or Qualified	THIS STACE
				10/22/1990	
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1113761	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Regulred
22			1.5		
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid to	
24	25	├	30	Personal Property Tax due June 30	
<u> </u>	9. Name and Address of Currer			10. Name and Address of New Regis	
KN	APP, ALICE L.		81 Name		
P. O. BOX 75075			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TAMPA FL 33875			, , , , , , , , , , , , , , , , , , , ,		
•			83		
			84 City		85 Zip Code
					FL []
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 agont, 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 age		Registered Agent signature require	· · · · · · · · · · · · · · · · · · ·	DATE
12.	PD OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	KNAPP, PATRICK D.		1.2 NAME		E straige E traction
STREET ADDRESS	301 WOODWARD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	KNAPP, ALICE L.	_	2.2 NAME		
STREET ADDRESS	12220 DRIVER LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		2. 4 CITY - ST - ZIP		
TITLE	STD	☐ DELET e	3.1 TITLE		Change Addition
NAME	KNAPP, ALICE L.		3.2 NAME		
STREET ADDRESS	12220 DRIVER LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGHILL FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T ocusie	5.4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	will that the information or the dis-	ith this filling place had a satisfactor	64 CITY-ST-ZIP	Sention 110 07/9/ii) Florida Statutes I fur	ther certify that the intermetion

indicated on this annual report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, 1 further certify that find informatio 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 eath; that I am an officer or director of the corporation or the receiver of 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.

2/17/00