

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S19524 (5)**

1. Corporation Name

**2900 MANAGEMENT, INC.**

**FILED**

**95 JUL 28 PM 1:13**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address  
**P.O. BOX 46407 ST PETERSBURG FL 33741**  
**P.O. BOX 46407 ST PETERSBURG FL 33741**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**12/17/1990 07/21/1994**

4. FEI Number Applied For  
**59-3086107** Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RUDZIK, FREDRICK F.  
6440 FIRST AVENUE NORTH  
ST PETERSBURG FL 33710**

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

(Sign for an agent or (printed) registered agent and list of incorporator)

(If 11. Registered Agent signature required when instituting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE **D**  
NAME **VALENTINE, DAVID**  
STREET ADDRESS **2900 ALTON DR**  
CITY, ST, ZIP **ST PETERSBURG BCH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered agent or incorporator who prepared this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an affidavit.

**SIGNATURE:**

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1400

Chapter 607, Florida Statutes

CR2E034 (3/95)