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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S21341

(0)

BUSINESS/PERSONAL INCOME TAX & ACCOUNTING SERVICE

E. INC. Principal Place of Business Mailing Address 4101 63RD STREET NORTH 4101 63RD STREET NORTH ST. PETERSBURG FL 33709-5037 ST. PETERSBURG FL 33709-5037 3. Date Incorporated or Qualified 3a. Date of Last Report 12/24/1990 04/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3044879 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPENCER, KENNETH 82 Street Address (P.O. Box Number is Not Acceptable) 4101 63RD STREET NORTH ST. PETERSBURG FL 33704 83 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: Signature, typed or printed name of registered agent and title if apparable (NOTE: Flogratered Agent signature required who i rematating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Ρħ THE DELFTE 1 1 Tille CR2E034 (12/ Change Addition SPENCER, KENNETH NAME 1.2 NAME STREET ADDRESS 4101 63RD ST. NO. 1.3 STREET ADDRESS 0174-81-ZIP ST. PETERSBURG FL 14 CITY-ST-ZIP THILE DELETE 2 1 TITLE Addition ☐ Change SPENCER, KENNETH NAME 2.2 NAME 4101 63RD ST. NO. STREET ADDRESS 2.3 STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 24 CHTY-ST-ZIP TITLE DELFIE 3 1 TIFLE Change Addition SKALSKI, JOSEPH C. NAME 3.2 NAME 13770 58TH ST. NO. #303 STREET ACODRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY ST-ZIF 3.4 CHTY - ST - ZIP TITLE DELFTE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZiP TITLE DELETE 5.1 1/1/16 Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DELETE 6.1 11018 Change Addition NAME 6.2 NAME STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIF

SIGNATURE: a

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

KSPENCER 41096 813381.9411