**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **S43506** 1. Corporation Name

PLV CORPORATION

Mailing Address

## FILED Mar 25, 1999 8:00 am **Secretary of State**

03-25-1999 90050 020 \*\*\*150.00



Principal Place of Business 4650 STATE ROAD 64 EAST 4650 STATE ROAD 64 EAST **BRADENTON FL 34208 BRADENTON FL 34208** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/15/1991 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 65-0256925 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip 8. This corporation owes the current year Intangible Zio Country □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent VAN PELT, PETER J. Street Address (P.O. Box Number is Not Acceptable) 4650 STATE ROAD 64 EAST **BRADENTON FL 34208** 83 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Change DELETE 1.1 TITLE TITI F 1.2 NAME NAME VAN PELT, PETER J. STREET ADDRESS 515 WOODSTORK CIR 1.3 STREET ADDRESS 1,4 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE PTD 2.2 NAME NAME VAN PELT, LOUISE E. 2.3 STREET ADDRESS 515 WOODSTORK: CIR STREET ADDRESS 2.4 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP ☐ Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Addition □ DELETE ☐ Change 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 10.00 6.2 NAME 13.主复物 3

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 amplia 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 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, with all other like empowered. Block 12 or Block 13 if changed, or on an

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED

CR2E034 (11/98)