

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S51423

1. Corporation Name
P. S. P. I., INC.

Principal Place of Business
**15 DAHOON CT
HOMOSASSA FL 32646-8921**

Mailing Address
**15 DAHOON CT
HOMOSASSA FL 32646-8921**

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90107 028 ***158.75



DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/08/1991

4. FEI Number

59-3064387

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. **Paid 1/2/99**

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**POE, GARY A.
103 N APOPKA AVE
INVERNESS FL 32650**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSTEAD, GERALDINE A	1.2 NAME	
STREET ADDRESS	763 PEREGRINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIATLANTIC FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAJIC, MELANIE	2.2 NAME	
STREET ADDRESS	1315 HILLOCK CROSSING	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIRGINIA BCH VA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVELLI, CAROL LEE	3.2 NAME	
STREET ADDRESS	245 BYRN MAUR AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAVALLETTE NJ	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAJIC, ANNA M	4.2 NAME	
STREET ADDRESS	15 DAHOON CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAJIC, ANNA M	5.2 NAME	
STREET ADDRESS	15 DAHOON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Signature Required
ANNA M. ZAJIC

15 Feb 99. 352/382-1535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)