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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

FILED May 19, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-19-1999 90001 003 ***750.00

PAS POWER CO.							151: 010:1 \$ 10:	11 2121) 81911 182)
Principal Plac	a of Businese	Mailing Address			I i poite il o exior filor i exior i		AN 8151 SA	if 416 11 918 11 1 991
Principal Place of Business Mailing Address C/O R. H. KESSEL C/O R. H. KESSEL								
702 N. FRANKLIN STREET P.O. BOX 111								
TAMPA FL 33602-4418 TAMPA FL 33601-0111					DO NOT WR	TE IN THIS	SPACE	
US US					3. Date Incorporated or Qualifed			
					07/02/1991			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			Applied For
21 C/O D. E. Schwartz 26 C/O D. E. Schwartz			artz		59-3080251			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 P.O. Box 111					5. Certifcate of Status Desired			Additional Required
City & State City & State					6. Election Campaign Financing	_	\$5.00	May Be
Tampa, FL 28 Tampa, FL					Trust Fund Contribution		Added	to Fees
Zip	Country		Country		8. This corporation owes the curr	ent year Inta	angible	
24 33602	-4418 25 U.S.	29 33601-0111 30	U.S	•	Personal Property Tax.		X Yes	□No
	9. Name and Address of Current	Registered Agent	_		10. Name and Address of New I	Registered /	\gent	
MOT	DEVATT C.M.		81	Name				İ
MCDEVITT, S.M.				Street	Address (P.O. Box Number is Not Accept	able)		
702 NORTH FRANKLIN STREET TAMPA FL 33602			83					
			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	ne above	-named	corporation submits this statement for the	purpose of	changing it	s registered
oπice or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was author ons of, Section 607.0505, Florida (nzed by Statutes.	tne corp	oration's board of directors. I hereby accep	ot the appoin	itment as r	egistered
SIGNATURE								
	Signature, typed or printed name of registered agent		stered Agen	t signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE			1.1 TITLE				☐ Change	Addition
NAME			1.2 NAME					i
STREET ADDRESS			1.3 STREET					Į.
CITY-ST-ZIP			1.4 CITY-ST	- ZIP	<u> </u>			T Addition
TITLE	P	DELETE 21TI					☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	TAMPA EL COCCO AAAC		2.3 STREET					
CITY-ST-ZIP			2. 4 CITY-S	r-ZiP				A station
TITLE	VTD		3.1 TITLE				☐ Change	Addition }
NAME	GILLETTE, G. L.		3.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL 33602-4418	3.4. Cl ☐ DELETE 4.1 TIT		r-zip			[] Change	Addition
	*		I.1 TYTLE				Change	L Addition
NAME	SIVARD, F. J.		. 2 NAME					
STREET ADDRESS	702 N. FRANKLIN STREET		1.3 STREET					
CITY-ST-ZIP	TAMPA FL 33602-4418		1.4 CITY-ST	-ZIP	D		VVChanca	Addition
TITLE	SD H		5.1 TITLE 5.2 NAME		~		XXChange	Tt wording)
NAME	KESSEL, R. H.				Kessel, R. H.			
STREET ADDRESS	702 N. FRANKLIN STREET		1.3 S (REE.) 5.4 CITY-ST		702 N. Franklin St.			j
CITY-ST-ZIP	TAMPA FL 33602-4418			-2IP	Tampa, FL 33602		Chance-	- Addition
TITLE		<u></u>	5.1 TITLE 5.2 NAME		8		Change	Addition
NAME				ADDDCCC	Schwartz, D. E.			
STREET ADDRESS		■ 6	SOURCE !	AUUNESS.	1/1/2 N Prominish C+			

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 changes, or on any attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

IRERECD. IR Schwartz, Secretary

(813) 228-1808

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