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

PROFIT CORPORATION ANNIJAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90010 045 \*\*\*150.00

DO	CU	JME	TNE	#	<b>S7</b>	85	73
					<b>—</b> ,	$\sim$	

1. Corporation Name

H.	&	P.D.	EN	ERF	PRISES,	INC
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			<del></del>									
Principal Place	e of Business	Mailing Address										
2335 FIFTH AVE		2335 FIFTH AVENUE SOUTH ST. PETERSBURG FL 33712-1630										
ST. PETERSBUR	RG FL 33712-1630	SI. PETENSBURG PL 337	12-1630	N (			DO NOT WR	ITE IN THIS	SPACE			
							e Incorporated or Qualifed 06/1991					
2. Principal Pl	ace of Business	2a. Mailing Address					Number			Appl e	d For	
21		26				59-	3033056				pplicable	ļ
Suite, At t.	#, etc.	Suite, Apt. #, etc.				5. Cert	tifcate of Status Desired		\$8.7	Add Requi		
22		27				——————————————————————————————————————	Line Community Financies			<u> </u>		1
City & State	8	City & State				1	ction Campaign Financing st Fund Contribution		•	<b>10</b> Ma ed to F	,	
Zip	Country	28 Zip	Cou	ntry	<del></del> _	<del></del>	corporation owes the cur	rent year Int				
24	25	29	30			1	sonal Property Tax.	7	Yes		No	
	9. Name and Address of Current	_ <del></del>				10. Nar	me and Address of New	Registered	Ağent			
Dthu	AIC DETER			81	Name							
	ne, peter Fifth avenue south			82	Street Add	ress (P.O. I	Bo> Number is Not Accept	table)				1
	PETERSBURG FL 33712-1630			83	<del> </del>							-
<b>Q</b> 1. 1	ETEROBORIO TE 001 12 1000			63								
				84	City			FL	85 Z	ip Cod	ie	
office or re	to the provisions of S∋ctions 607.050:2 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Florida. Such change was	autnorized	ı by	the corporat	poration sub ion's board	om ts this statement for the of directors. I hereby acce	purpose of pt the appoi	changing ntment as	its ⊧eg reç ist	sistered ered	
SIGNATURE			<del>-</del>		t signature rer uii	district rounds		DATE				_
12.	Signature, typed or printed name of registered ager to OFFICERS AND		13.	Ayen	ii signature rei uii		ITIONS/CHANGES TO O		ND DIREC	TORS	IN 12	Ĉ
TITLE	PDT	☐ DELETE	1.1 TII	TLE.					Chan	ge	☐ Addition	3
NAME )	DENNE, HEIDI		1.2 N	ME								3
STREET ADDFESS	2335 FIFTH AVENUE SOUTH		1.3 ST	1.3 STREET ADDRESS								Ĺ
CITY-ST-ZIP	ST. PETERSBURG FL 33712		1.4 CF	1.4 CITY-ST-ZIP					=			ļè
TITLE	DVS	DELETE	•	2.1 TITLE				Chang	ge	☐ Addition		
NAME	DENNE, PETER			-								
STREET ADDICESS	2335 FIFTH AVENUE SOUTH				ADDRESS							Ì
CITY-ST-ZIP	ST. PETERSBURG FL 33712 2.40			ST-ZIP				Chan	ge	Addition	1	
TITLE		[ Decare	3.1 N							•	_	ļ
NAME STREET ADDRESS					ADDRESS							
CITY-ST-ZIP			3.4. C		ſ							
TITLE		☐ DELETE	4.1 TF						Chan	ge	☐ Addition	]
NAME			4 2 N	IAME								
STREET ADI. RESS			4.3 ST	TREET	T ADDRESS							1
CITY-ST-ZIF			4.4 CI	TY-S	T-ZIP						==	-
TITLE		DELETE	5.1 TI		1				Chan	ge	Addition A	
NAME			5.2 N/									
STREET ADDRESS					T ADDRESS							
CITY-ST-ZII'	<del> </del>	T DELETE	5.4 CI 6.1 TI		1-2IP				Chan	 ge	Addition	1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; the LI am an officer or director of the corporation or the reselver 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 chapted, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET AD DRESS

4/26/19

(727) 323-1246