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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V25942

(6)

1. Corporation Name

P.A.I.E. ENTERPRISES, INC.

Principal Place of Business

17 NORTH SAFFORD AVENUE
TARPON SPRINGS FL 34689

Mailing Address

17 NORTH SAFFORD AVENUE
TARPON SPRINGS FL 34689-3447



3. Date Incorporated or Qualified
03/30/1992

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 209 S. Pinellas Ave.

Suite, Apt. #, etc.

22 City & State

23 Tarpon Springs, FL.

Zip

24 34689

Country

25 USA

2a. Mailing Address

26 209 S. Pinellas Ave.

Suite, Apt. #, etc.

27 City & State

28 Tarpon Springs, FL.

Zip

29 34689

Country

30 USA

4. FEI Number

59-3113403

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, PERRY F. JR.
17 NORTH SAFFORD AVENUE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11150 Knotty Pine Drive

83

84 City

New Port Richey

FL

85 Zip Code
34654

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

TITLE P ☐ DELETE
NAME WHITE, PERRY F. JR.
STREET ADDRESS 3818 WATSON DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ST ☐ DELETE
NAME WHITE, ANN
STREET ADDRESS 3818 WATSON DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11150 Knotty Pine Drive
1.4 CITY-ST-ZIP New Port Richey, FL. 34654

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 11150 Knotty Pine Drive
2.4 CITY-ST-ZIP New Port Richey, FL. 34654

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED Perry F. White Feb 21 97 813 9376665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0458302

CR2E034 (9/96)