

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

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

05-06-1999 90163 034 \*\*\*150.00

DOCUMENT # V70770

1. Corporation Name

CHOICES OF TAMPA BAY, INC.

Principal Place of Business

1174 NE CLEVELAND  
CLEARWATER FL 34615  
US

Mailing Address

1174 NE CLEVELAND  
CLEARWATER FL 34615  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1992

4. FEI Number

59-3146523

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.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

GASSMAN, ALAN S.  
1245 COURT ST. #102  
CLEARWATER FL 34616

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 607.1606, 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 ☐ DELETE

NAME D  
FOSTER-ROBERTSON  
STREET ADDRESS 1001 PEARCE DRIVE #306  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME C  
FOSTER-ROBERTSON, DEE ANN  
STREET ADDRESS 1001 PEARCE DR. #306  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME ST  
FOSTER, GLORIA  
STREET ADDRESS 5567 BAY PINES LAKES BLVD.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME D  
ROBERTSON, NORMAN  
STREET ADDRESS 1001 PEACE DE. #306  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME D  
SEWART, GIL  
STREET ADDRESS 311 ORANGE ST.  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME P  
FOSTER III, RALPH L.  
STREET ADDRESS 5567 BAY PINES LAKES BLVD.  
CITY-ST-ZIP ST. PETERSBURG FL 33708

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)