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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

KENT. LEWIS H.

299 9TH STREET, NORTH

ST. PETERSBURG FL 33731-0683

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name F82206

(6)

2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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COMMERCIAL PARTNERS REALTY, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business	Mailing Address	
299 9TH STREET, NORTH ST. PETERSBURG FL 33701 US	PO BOX 683 ST. PETERSBURG FL 33731-0683 US	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified

Country

83

30

FILED

Mar 16 1998 8:00am

Secretary of State

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

☐ Yes

813-822-4317

Not Applicable

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Q5/20/1982

59-2636296

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

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

								_	
•			84	City		FL	85 Z	p Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
THILE	PD	DELETE	1.1 TITLE	T	PD		Chang	e 🗶 Addition	
NAME	BOHAC, CHARLES B.	••	1.2 NAME	i	CLENDENING, SCOTT M				
STREET ADDRESS	299 9TH STREET, NORTH		1.3 STREET	address	299 9TH STREET NORTH				
CITY-ST-ZIP	\$ T. PETERSBURG FL		1.4 CiTY - S	T-ZIP	ST PETERSBURG FL	33701			
TITLE	\$ D	DELETE	2.1 TITLE	Ţ			Chang	e Addition	
NAME	LOTT, MARTIN T.		2.2 NAME						
STREET ADDRESS	299 9TH STREET, NORTH		2 3 STAEET	ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-S	T-ZIP		_			
TITLE	VD	☐ DELETE	3.1 TITLE				Chang	e 🔲 Addition	
NAME	STEINWAY, JOHN		3.2 NAME						
STREET ADDRESS	299 9TH STREET, NORTH		3.3 STREET	ADDRESS					
CITY - ST - ZIP	ST. PETERSBURG FL		3.4. CITY-S	T-ZIP					
TITLE	Ť	DELETE	4.1 TITLE	Ţ			Chang	e 🔲 Addition	
NAME	KENT, WILLIAM D		4.2 NAME						
STREET ADDRESS	299-9 ST N		4.3 STREET	ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		_4.4 CITY - \$1	T-ZIP					
TITLE		DELE TE	5.1 TITLE				Chang	e 🔲 Addition	
NAME			5.2 NAME					. [
STREET ADDRESS			5.3 STREET	address					
CITY-ST-ZIP			5.4 CITY-ST	r-ZiP					
TITLE		DELETE	6.1 TITLE				Chang	e Addition	
NAME			6.2 NAME	ľ				ĺ	
STREET ADDRESS			6.3 STREET	address				İ	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	299-9 ST N		4.3 STREET. 4.4 CITY-SI 5.1 THE 5.2 NAME 5.3 STREET. 5.4 CITY-SI 6.1 TITLE 6.2 NAME	I-ZIP ADDRESS I-ZIP				·	

14. Thereby 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.