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Apr 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 753155 (1)

1. Corporation Name

ST. ANTHONY'S PROFESSIONAL BUILDINGS AND SERVICE
S, INC.

Principal Place of Business

1200 7TH AVE NORTH
ST PETERSBURG FL 33705
US

Mailing Address

P O BOX 12588
ST PETERSBURG FL 33733-2588



3. Date Incorporated or Qualified
06/27/1980

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2018848

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

SHUMAKER, REVONDA L.
1200 SEVENTH AVENUE NORTH
1201 5TH AVE. N
ST. PETERSBURG FL 33705

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☒ DELETE
NAME ~~BIEBEL, JOHN~~
STREET ADDRESS 3003 S. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME SHUMAKER, REVONDA L.
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE EVPD ☐ DELETE
NAME CHAWK, GARY W.
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE
NAME PITISCI, GILBERT M
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME MALLAH, ISAAC
STREET ADDRESS 3003 W. DR. MARTIN LUTHER KING BLVD.
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME SCOTT, CHARLES
STREET ADDRESS 1200 7TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

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 1200 SEVENTH AVENUE NORTH
2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33705

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 C MALLAH, ISAAC
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

REVONDA L. SHUMAKER

Revonda Shumaker

(813) 825-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0061379

CR2E037 (9/96)