

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

FILED

May 13 1997 8:00am
Secretary of State

enthsicyp

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 260139 (1)			
1. Corporation Name SOUTH GATE PARK INC			



Principal Place of Business 2035 CROYDON DR CLEARWATER FL 34624	Mailing Address 2035 CROYDON DR CLEARWATER FL 34624-4719
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/19/1962		3a. Date of Last Report 04/05/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0971095		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JOHN F. SEVER 2035 CROYDON DRIVE CLEARWATER FL 34624				10. Name and Address of New Registered Agent			
				81 Name DENNIS M. LAWLER, ESO.			
				82 Street Address (P.O. Box Number is Not Acceptable) 501 So. Ft. Harrison Ave. Suite 211			
				83			
				84 City Clearwater, FL 34616			
				85 Zip Code FL 34616			

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 *Dennis M. Lawler* **Dennis M. Lawler Reg. Agt.** DATE **4-24-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEVER, JOHN F			1.2 NAME	KATHRYN L. SEVER		
STREET ADDRESS	2035 CROYDON DRIVE			1.3 STREET ADDRESS	2035 CROYDON DRIVE		
CITY - ST - ZIP	CLEARWATER FL			1.4 CITY - ST - ZIP	CLEARWATER, FL 34624		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEVER, JOHN F.			2.2 NAME	JAMES S. SEVER		
STREET ADDRESS	2035 CROYDON DRIVE			2.3 STREET ADDRESS	701 MOSS AVE.		
CITY - ST - ZIP	CLEARWATER FL			2.4 CITY - ST - ZIP	CLEARWATER, FL 34619		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEVER, KATHRYN L.			3.2 NAME			
STREET ADDRESS	2035 CROYDON DRIVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	CLEARWATER FL			3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *James S. Sever* **James S. Sever V/D** DATE **4-24-97** (813)725-3113

CR2E034 (9/96)