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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 493400

(6)

DE LA PARTE, GILBERT & BALES, PROFESSIONAL ASSOC

Principal Place of Business Mailing Address ONE TAMPA CITY CENTER POST OFFICE BOX 2350 **SUITE 2300** TAMPA FL 33601 DO NOT WRITE IN THIS SPACE TAMPA FL 33602 3. Date Incorporated or Qualified 12/31/1975 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1637031 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DE LA PARTE, L DAVID ONE TAMPA CITY CENTER, S-2300 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33602 R3 84 City Zip Code 85 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME DE LA PARTE, EDWARD P JR 1.2 NAME 15802 DAWSON RIDGE DR STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change noitibhA TITLE **VDS** 2.1 TITLE GILBERT, RICHARD. 2.2 NAME NAME 3317 W. GRANADA STREET ADDRESS 2.3 STREET ADDRESS TAMPA,FL 0 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE BALES, JOHN CALHOUN NAME 3.2 NAME STREET ADDRESS **502 LUCERNE AVENUE** 3.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE DE LA PARTE, LOUIS DAVID NAME 4. 2 NAME 3019 VILLA ROSA PARK STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL C/TY-ST-ZIP 4.4 CITY - ST - 7!P DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attitude the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attitude that my name appears in the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer or director of the corporation or the receipt of the corporation of the corpo

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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FILED

Jan 26 1998 8:00am

Secretary of State