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

DOCUMENT # 642252

1. Corporation Name

DIVIE DEINTING OF ST DETERSHIPG INC

Principal Place of Business	Mailing Address			
623 SECOND AVE. SOUTH ST PETERSBURG FL 33701	623 SECOND AVE. SOUT ST PETERSBURG FL 337			

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90038 042 ***150.00

DIVIC LL	INTING OF 31. PETENSOU	ng, iito			ļ				
Principal Place	e of Business	Mailing Address			•	i iliniili diini dinin il	B 11881 B1118 1181 B11	BEL MIÐIT ÐIÐIS AINS A	
623 SECOND AVE. SOUTH ST PETERSBURG FL 33701 623 SECOND AVE. SOUTH ST PETERSBURG FL 33701				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
						<u> 10/19/1979</u>			
2. Principal Pl	ace of Business	2a. Mailing Address			İ	4. FEI Number			plied For
21		26				59-1960054		\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status De	sired 🗆	Fee Re	
City & State	9	City & State				Election Campaign Fin Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Country	/		8. This corporation owes	the current year		
24	25	2930	0			Personal Property Tax		☐ Yes	□No ,
	9. Name and Address of Curren	t Registered Agent		1		10. Name and Address o	f New Register	ed Agent	
	IIG, LEE F BAYWOOD PARK RD		81			s (P.O. Box Number is Not	Acceptable)	. <u>-</u> .	
	INOLE FL 34647		83	l				-1	_
			84	City			F	85 Zip (Code
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florida	orized by a Statute:	the corps.	porations	s board of directors. I herec	for the purpose by accept the ap	pointment as re	registered gistered
	Signature, typed or printed name of registered age			ent signature	e required wh	nen reinstating) ADDITIONS/CHANGES			DS IN 12
12.		ID DIRECTORS	13.		т	AUDITIONS/CHANGES	10 OFFICERS	☐ Change	Addition
TITLE	PD POMIO 155 5	Detete	1.2 NAME						
NAME	ROMIG, LEE F		_	T ADDRESS					\$
STREET ADDRESS	8928 BAYWOOD PARK RD.				°				
CITY-ST-ZIP TITLE	SEMINOLE FL 34647 STD		1.4 CITY-S 2.1 TITLE	31-219	+			- Change	- Addition
NAME	ROMIG, NANCY L		2.2 NAME						
	8928 BAYWOOD PARK RD.			T ADDRESS					
STREET ADDRESS	SEMINOLE FL 34647		2. 4 CITY-		<u> </u>				
CITY-ST-ZIP TITLE	SEMINOLE PL 3404/	☐ DELETE	3.1 TITLE		1			☐ Change	☐ Addition
NAME			3.2 NAME					•	;
STREET ADDRESS			3.3 STREE	TADDRESS	s]
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				A.V.	☐ Change	Addition
NAME			4. 2 NAME	Ē]
STREET ADDRESS			4.3 STREE	ET ADDRESS	s]
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ Change

Change

☐ Addition

☐ Addition