FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # 703345 (9)

1. Corporation Name
COLUMBIA CORPORATION OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
4919 17TH AVE., SOUTH. GULFPORT, FL P O BOX 12866 ST. PETERSBURG FL 33733	4919 17TH AVE., SOUTH. GULFPORT, FL P O BOX 12866 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1961
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-6176801 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MIAMI, LEON L.
2340-64TH ST. N.
ST. PETERSBURG FL 33710

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☐ Change ☐ Addition
NAME	PLATO, JAMES	1.2 NAME	MICHAEL SANDY
STREET ADDRESS	2813 SKIMMER POINT DR., S.	1.3 STREET ADDRESS	2000 16th STREET SO.
CITY-ST-ZIP	GULFPORT FL	1.4 CITY-ST-ZIP	St. PETERSBURG, FL. 33705
TITLE	VP	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	MICHAEL, SANDY	2.2 NAME	SHELDON HUTCHINSON
STREET ADDRESS	20000 16TH STREET S.	2.3 STREET ADDRESS	4051 60th WAY NO.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	HUTCHINSON, SHELDON	3.2 NAME	ERNEST FILLYAU JR.
STREET ADDRESS	4051 60TH WAY NO.	3.3 STREET ADDRESS	2366 7th AVENUE SO.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	MILLER, DONALD S	4.2 NAME	DONALD MILLER SR.
STREET ADDRESS	3928 59TH ST. SO.	4.3 STREET ADDRESS	3128 59th STREET SO.
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	GULFPORT, FL. 33707
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	DUPRE, GERALD	5.2 NAME	LEON L. MIAMI
STREET ADDRESS	5130 17TH AVE. NO.	5.3 STREET ADDRESS	2340 64th STREET NO.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710
TITLE	T	6.1 TITLE	T ☐ Change ☐ Addition
NAME	SMITH, JOSEPH K	6.2 NAME	JOSEPH K. SMITH
STREET ADDRESS	2946 - 60TH STREET, N.	6.3 STREET ADDRESS	2946 60th STREET NO.
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: LEON L. MIAMI 2/13/95 347-5227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LEON L. MIAMI