

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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**

3. Date Incorporated or Qualified **12/22/1961** 3a. Date of Last Report **02/16/1995**  
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**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

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 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 of applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SANDY, MICHAEL	
STREET ADDRESS	2000 16 STREET S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINSON, SHELDON	
STREET ADDRESS	4051 60 WAY N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FILLIAU, ERNEST J	
STREET ADDRESS	2366 7TH AVE S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, SR. D	
STREET ADDRESS	3128 59TH STREET S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIAMI, LEON L.	
STREET ADDRESS	2340 64TH STREET N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, JOSEPH K.	
STREET ADDRESS	2946 - 60TH STREET, N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SHELDON HUTCHINSON	
13 STREET ADDRESS	4051- 60th way no.	
14 CITY-ST-ZIP	St. Petersburg, fl. 33709	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	LLOYD GRAHAM	
23 STREET ADDRESS	5431- 38th AVE. NO.	
24 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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)(k), 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*  
LEON L. MIAMI

3/6/96 813-347-5227  
Date Daytime Phone

CR2E037 (12/95)