

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703345** (9)
1. Corporation Name
COLUMBIA CORPORATION OF ST. PETERSBURG, INC.



Principal Place of Business 4919 17TH AVE., SOUTH, GULFPORT, FL P O BOX 12866 ST. PETERSBURG FL 33733	Mailing Address 4919 17TH AVE., SOUTH, GULFPORT, FL P O BOX 12866 ST. PETERSBURG FL 33733
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3. Date Incorporated or Qualified 12/22/1961	
4. FEI Number 59-6176801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owns or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29 Country
25	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	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, SHELDON	1.2 NAME	PAPE, ANTHONY
STREET ADDRESS	4051- 60TH WAY NORTH	1.3 STREET ADDRESS	1695- 36th STREET NO.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33710
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAPE, ANTHONY	2.2 NAME	JOSEPH THOMPSON
STREET ADDRESS	1743 E. HILLSBORO AVE.	2.3 STREET ADDRESS	3028- 54th STREET SO.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	GULFPORT, FL. 33707
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLYAU, ERNEST J	3.2 NAME	SHELDON HUTCHINSON
STREET ADDRESS	2366 7TH AVE S	3.3 STREET ADDRESS	4051- 60th WAY NO.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SR. D	4.2 NAME	
STREET ADDRESS	3128 59TH STREET S	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIAMI, LEON L.	5.2 NAME	
STREET ADDRESS	2340 64TH STREET N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH K.	6.2 NAME	
STREET ADDRESS	2946 - 60TH STREET, N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 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 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* 5/4/98 813-347-5227

CR2E037 (1097)