

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-10-1999 90132 042 ****61.25

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DOCUMENT # 703345

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



2. Principal Place of Business

21 **5800- 15th AVE. SO.**

2a. Mailing Address

26 **P.O. BOX 12866**

3. Date Incorporated or Qualified

12/22/1961

Suite, Apt. #, etc.

22 **GULFPORT, FL.**

Suite, Apt. #, etc.

27 **St. Petersburg, FL.**

4. FEI Number

59-6176801

Applied For

Not Applicable

City & State

23 **33707**

City & State

28 **33733**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24

Zip

Country

29

30

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
PAPE, ANTHONY
STREET ADDRESS **1695-56TH STREET N**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE ☐ DELETE

NAME **VP**
THOMPSON, JOSEPH
STREET ADDRESS **3028 54TH STREET S**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ DELETE

NAME **SD**
HUTCHINSON, SHELDON
STREET ADDRESS **4051 60TH WAY N**
CITY-ST-ZIP **ST. PETERSBURG FL 33709**

TITLE ☐ DELETE

NAME **D**
MILLER, SR. D
STREET ADDRESS **3128 59TH STREET S**
CITY-ST-ZIP **GULFPORT FL**

TITLE ☐ DELETE

NAME **D**
MIAMI, LEON L.
STREET ADDRESS **2340 64TH STREET N**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **T**
SMITH, JOSEPH K.
STREET ADDRESS **2946 - 60TH STREET, N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Leon L. Miami
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/99 727-347-5227

Daytime Phone #

CR2E037 (11/98)