

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763053** (6)
1. Corporation Name
ST. PETERSBURG CERTIFIED DEVELOPMENT CORPORATION



Principal Place of Business 214 SECON ST NORTH ST. PETERSBURG FL 33701 US		Mailing Address PO BOX 54 ST. PETERSBURG FL 33731-0054 US	
2. Principal Place of Business 21 214 Second Street North Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 St. Petersburg, FL		27 City & State 28	
24 Zip 33701		25 Country USA	
29		30	
3. Date Incorporated or Qualified 04/29/1982		3a. Date of Last Report 04/22/1996	
4. FEI Number 59-2195483		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DIVITO JOSEPH A ATTY 4514 CENTRAL AVE ST. PETERSBURG FL 33711		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	

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	D	<input type="checkbox"/> DELETE			
NAME	JAMES R. GILLESPIE				
STREET ADDRESS	1726 SERPENTINE DRIVE S.				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	PAUL BAILEY				
STREET ADDRESS	150 SECOND AVENUE N., SUITE 300				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	PAUL MCQUIRE				
STREET ADDRESS	P. O. BOX 76058 N/A				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	LEANN ELLIOTT				
STREET ADDRESS	P. O. BOX 13489 N/A				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	ED SCHONS				
STREET ADDRESS	3201 34TH STREET SOUTH				
CITY-ST-ZIP	ST. PETERSBURG FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	LARRY NEWSOME				
STREET ADDRESS	3201 34TH STREET SOUTH				
CITY-ST-ZIP	ST. PETERSBURG FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	VD				
5.3 STREET ADDRESS	ED SCHONS				
5.4 CITY-ST-ZIP	908 CLEVELAND STREET CLEARWATER, FL 34615				
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	TD				
6.3 STREET ADDRESS	LARRY NEWSOME				
6.4 CITY-ST-ZIP	ONE PROGRESS PLAZA, 15TH FL. ST. PETERSBURG, FL 33701				

14. I do 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:  **PAUL W. BAILEY, PRESIDENT** 4/14/97 813-895-2504

CR2E037 (9/96)