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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 SECOND STREET NORTH ST. PETERSBURG FL 33701 US	Mailing Address PO BOX 54 ST. PETERSBURG FL 33731 US
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3. Date Incorporated or Qualified
04/29/1982

4. FEI Number
59-2195483

Applied For
 Not Applicable

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE JAMES R. GILLESPIE 1728 SERPENTINE DRIVE S. ST. PETERSBURG FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE PAUL BAILEY 150 SECOND AVENUE N., SUITE 300 ST. PETERSBURG FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DP PAUL BAILEY 6850 CENTRAL AVENUE ST. PETERSBURG, FL 33710
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE PAUL MCGUIRE P. O. BOX 76058 N/A ST. PETERSBURG FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD PAUL MCGUIRE P.O. BOX 76058 N/A ST. PETERSBURG, FL 33734
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE LEANN ELLIOTT P. O. BOX 13489 N/A ST. PETERSBURG FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D LEANN ELLIOTT P.O. BOX 13489 N/A ST. PETERSBURG, FL 33731
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE ED SCHONS 908 CLEVELAND ST CLEARWATER FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D ED SCHONS 17757 U.S. HIGHWAY 19 NORTH, #660 CLEARWATER, FL 33764
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE LARRY NEWSOME ONE PROGRESS PLAZA, 15TH FL ST. PETERSBURG FL	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD LARRY NEWSOME ONE PROGRESS PLAZA, 15TH FL ST. PETERSBURG, FL 33701
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **PAUL W. BAILEY, PRESIDENT** 813-895-2504

CR2E037 (10/97)