

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90056 041 ****70.00

DOCUMENT # 763053

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



2. Principal Place of Business

21 227 Second Avenue North

Suite, Apt. #, etc.

22 City & State
23 St. Petersburg, FL 33701

24 Zip 33701 Country 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

04/29/1982

4. FEI Number

59-2195483

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

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

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 ☐ DELETE

NAME JAMES R. GILLESPIE
STREET ADDRESS 1726 SERPENTINE DRIVE S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DP ☐ DELETE

NAME PAUL BAILEY
STREET ADDRESS 6850 CENTRAL AVE
CITY-ST-ZIP ST PETERBURG FL 33170

TITLE VD ☐ DELETE

NAME PAUL MCGUIRE
STREET ADDRESS P. O. BOX 78058 N/A
CITY-ST-ZIP ST. PETERSBURG FL 33734

TITLE D ☐ DELETE

NAME LEANN ELLIOTT
STREET ADDRESS P. O. BOX 13489 N/A
CITY-ST-ZIP ST. PETERSBURG FL 33731

TITLE D ☐ DELETE

NAME SCHONS, ED
STREET ADDRESS 17757 US HIGHWAY 19 N #660
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VD ☐ DELETE

NAME LARRY NEWSOME
STREET ADDRESS ONE PROGRESS PLAZA, 15TH FL
CITY-ST-ZIP ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

12 NAME James R. Gillespie
13 STREET ADDRESS 4804 Windmill Palm Terrace N.E.
14 CITY-ST-ZIP St. Petersburg, FL 33703

2.1 TITLE DP ☒ Change ☐ Addition

22 NAME Paul Bailey
23 STREET ADDRESS 227 Second Avenue North
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

3.1 TITLE MD ☐ Change ☒ Addition

32 NAME Timothy J. McDowell
33 STREET ADDRESS 227 Second Avenue North
3.4 CITY-ST-ZIP St. Petersburg, FL 33701

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 VD ☒ Change ☐ Addition

6.2 NAME Larry Newsome
6.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
6.4 CITY-ST-ZIP St. Petersburg, FL 33716

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99 727 8952504

CR2E037 (1/98)