FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F67764

1. Corporation Name

WADSWORTH-DOUGLASS DEVELOPMENT CORPORATION

Principal Place	of Business	Mailing Address				-	1 14	111 01911 1001
8351 BLIND PASS ROAD		8351 BLIND PASS ROAD		:				
ST PETERSBURG BCH FL 33706		ST PETERSBURG BCH FL 33706		,	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		7
						02/18/1982	•	1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21		26				59-2213629	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22	<u> </u>	27		-			Eee_Rec	
City & State	₽	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
23	Country	Zip	Cour	ntny				
Zip	Country Zip Co			8. This corporation owes the current year Intangible Personal Property Tax. ☐ No		□No		
24	9. Name and Address of Curren	1	1301		***	10. Name and Address of New Registered	Agent	
				81	Name			
	GLASS, ROBERT A		ļ	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		<u></u> .
	BLIND PASS ROAD					35 (110.55)		
ST PETERSBURG BCH FL 33706				83				
				84	City		85 Zip C	ode
		·			•	<u> </u>	Ц	
office or n	egistered agent or both in the State (of Florida. Such change was a	uthonzed	bv t	the corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoil	changing its r ntment as reg	egisterea istered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	orida Statu	ites.	•			
SIGNATURE					signature required	when reinstation) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	- Ageric	signature required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 111	LE .			☐ Change	Addition
NAME	WADSWORTH, LON C		1.2 NA	ME				i
STREET ADDRESS	8351 BLIND PASS ROAD				ADDRESS			
CITY-ST-ZIP	ST PETERSBURG BCH FL		1.3 ST	REET.				
	OI FEICHODUNG DON IL		1.3 ST 1.4 CF		-ZIP			
TITLE	STD	☐ DELETE		Y-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME		☐ DELETE	1.4 CF	TY+ST	-ZIP		Change	☐ Addition
ļ	STD	☐ DELETE	1.4 CF 2.1 TTT 2.2 NA	TY-ST- ILE IME	-ZIP ADDRESS		☐ Change	Addition
NAME	STD DOUGLASS, ROBERT A	-	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST TLE IME REET TY-ST	ADDRESS		· •	
NAME STREET ADDRESS	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST	TY-ST TLE IME REET TY-ST	ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	-	1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA	TY-ST ILE IME REET ITY-SI ILE IME	ADDRESS I-ZIP -		· •	
NAME STREET ADDRESS CITY-ST-ZIP	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	-	1.4 Cm 2.1 TT 2.2 NA 2.3 ST 2.4 Cl 3.1 TTI 3.2 NA 3.3 ST	TY-ST TLE IME TY-ST TLE IME TREET	ADDRESS I-ZIP		· •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CD 2.1 TD 2.2 NA 2.3 ST 2.4 CD 3.1 TD 3.2 NA 3.3 ST 3.4 CD	TY-ST- TLE TY-ST TLE TY-ST TLE THE TREET	ADDRESS I-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	-	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	TY-ST- TLE WE TY-ST TLE WE TY-ST TLE TLE TY-ST TLE TY-ST	ADDRESS I-ZIP		· •	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NJ	TY-ST. TLE ME REET. TLE ME REET. TLE AME TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NJ 4.3 ST	TY-ST. ILE ME REET. ITY-SI ILE ME REET. ITY-SI ILE AME REET. REET. REET.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PROPERTY ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CF	TY-ST ILE MME REET. ILE MME REET. ITY-ST ILE AME REET. TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE TREET ADDRESS CITY-ST-ZIP TITLE	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NJ 4.3 ST	TY-ST ILE ME REET, ITY-ST ILE MME REET, ITY-ST ILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	IY-ST ILE ME REET, ITY-SI ILE AME REET TY-ST ILE ME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA	IY-ST ILE IME REET, ILE IME REET, ITY-ST ILE IME REET, ITY-ST ILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST	IY-ST ILE MME REET, ILE MME REET, ITY-ST ILE MME REET ITY-ST ILE MME REET ITY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	STD DOUGLASS, ROBERT A 8351 BLIND PASS RD	DELETE	1.4 CFT 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CF 5.1 TII 5.2 NA 5.3 ST 5.4 CI	IY-SIT. LE ME REET TY-SI LE ME REET TY-SI LE AME REET TY-ST LE ME REET TY-ST LE ME REET TY-ST LE ME REET TY-ST LE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP		Change Change	Addition Addition

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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or Granded, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90103 008 ***150.00