Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90087 034 ***150.00

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 # COCCO

1. Corporation	ST PLACE, INC.						
Principal Place	of Business	Mailing Address			1001516 6010 10110 01110 01110 10110) #111 #1011 01011 #1811 010	II BIBII BIBII 1981
1150 8TH AVENUE S.W. LARGO FL 33770-193 US		1150 8TH AVENUE S.W. LARGO FL 33770-193 US		DO NOT WRITI	E IN THIS SPACE		
					3. Date Incorporated or Qualifed 04/18/1984		
2. Principal Pl	ace of Business	2a. Mailing Address	n		4. FEI Number		Applied For
21		26 2957 W.	DAY	1)R	59-2427938		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	I		5. Certifcate of Status Desired	1 1	Additional Required
22	<u> </u>	27					
City & State	9	City & State	[]		6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip Zip	Country	-	8. This corporation owes the curre		0 10 1 000
	25	<u> </u>	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current		30		10. Name and Address of New Re	gistered Agent	
			81	Name			
	DRICK, C. RICHARD		82	Stroot Ac	ddress (P.O. Box Number is Not Acceptab	nle)	
, 1150 8TH AVENUE S.W.			**	Sticet At	adiess (F.O. Dox Hamber is Not Noophal		
LARG	GO FL 33770-3193		83				
			84	City		85 Zi	p Code
				-		FL	
office or r	to the provisions of Sections of 7.002 egistered agent, or both, in the State of m familiar with, and accept the obligation familiar with and accept the obligation of the state of management is signature, typed or printed name of registered agent is	Florida, Such change was au ons of, Section 607.0505, Flor	ithorized by ida Statutes	the corpora	orporation submits this statement for the pation's board of directors. I hereby accept	the appointment as	registered
12.	OFFICERS AND		13.	t signature requ	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS IN 12
TITLE	SD	☐ DELETE	1.1 TITLE			[] Chang	
NAME	GIBSON, JAMES C.		1.2 NAME				
STREET ADDRESS	1150 8TH AVE., SW		1.3 STREET	ADDRESS			
CITY-ST-ZIP	LARGO FL 33770-3193		1.4 CITY-ST	r-ZIP			
TITLE	TD	☐ DELETE	2.1 TITLE			Chang	e Addition
NAME	CLIFTON, BRAD H.		2.2 NAME				•
STREET ADDRESS	1150 8TH AVE. SW		2.3 STREET	ADDRESS			
CITY-ST-ZIP	LARGO FL 33770-3193		2. 4 CITY-S	T-ZIP			Addition.
TITLE	P	☐ DELETE	3.1 TITLE		·	Chang	e Addition
NAME	AYLOR, RONALD L		3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP	LARGU FL 337/0-3193		3.4. CITY-ST-ZIP			Chang	e Addition
TITLE		☐ Dere is	4.1 TITLE				,
NAME			4.2 NAME 4.3 STREET	ADDRESS			
STREET ADDRESS			4.3 STREET	i			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-412		☐ Chang	e Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e Addition
NAME			6.2 NAME				

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR