FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J71323 (6)

1. Corporation Name

SPCDC DEVELOPMENTS, INC.

Principal Place of Business	Mailing Address
475 CENTRAL AVE MEZZANINE LEVEL ST PETERSBURG FL 33701-3861 US	ATTN: TIM MCDOWELL P. O. BOX 2842 ST PETERSBURG FL 33731 US

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 05/04/1987
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-2810483 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ATTY. JOSEPH A. DIVITO
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	JAMES R. GILLESPIE	1.2 NAME	JAMES R. GILLESPIE	
STREET ADDRESS	1726 SERPENTINE DR	1.3 STREET ADDRESS	1726 SERPENTINE DRIVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	V/D	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PAUL BAILEY	2.2 NAME	PAUL BAILEY	
STREET ADDRESS	P.O.BOX 15708 N/A	2.3 STREET ADDRESS	150 SECOND AVENUE N., SUITE 300	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	V/D	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	PAUL MCGUIRE	3.2 NAME	PAUL MCGUIRE	
STREET ADDRESS	P.O.BOX N/A	3.3 STREET ADDRESS	P. O. BOX 76058 N/A	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33734	
TITLE	T/D	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	MARSHALL CRAIG	4.2 NAME	LEANN ELLIOTT	
STREET ADDRESS	1499 22ND STREET N.	4.3 STREET ADDRESS	P. O. BOX 13489 N/A	
CITY-ST-ZIP	ST. PETERSBURG FL 33734	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33731	
TITLE	S/D	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ED SCHONS	5.2 NAME	ED SCHONS	
STREET ADDRESS	3201 34TH ST	5.3 STREET ADDRESS	3201 34TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	D	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	J. EUGENE DANZEY	6.2 NAME	LARRY NEWSOME	
STREET ADDRESS	1700 34TH ST	6.3 STREET ADDRESS	3201 34TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 3371	6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711	

3/20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ PAUL BAILEY, PRESIDENT 3/8/95 (813) 895-2801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #