

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

FILED
Apr 16 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # J71323 (6)
1. Corporation Name
SPCDC DEVELOPMENTS, INC.

Principal Place of Business
214 SECOND ST NORTH
ST PETERSBURG FL 33701
US

Mailing Address
P.O. BOX 54
ST PETERSBURG FL 33731
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/04/1987 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-2810483 | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent ATTY. JOSEPH A. DMITO 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 |
| | | 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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|-----------------------------------|
| TITLE | D | 1.1 TITLE | |
| NAME | GILLESPIE, JAMES R. | 1.2 NAME | |
| STREET ADDRESS | 1728 SERPENTINE DRIVE S | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | PD |
| NAME | BAILEY, PAUL | 2.2 NAME | BAILEY, PAUL |
| STREET ADDRESS | 150 SECOND AVENUE N, SUITE 300 | 2.3 STREET ADDRESS | 6850 CENTRAL AVENUE |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | 2.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33701 |
| TITLE | SD | 3.1 TITLE | VD |
| NAME | MCGUIRE, PAUL | 3.2 NAME | MCGUIRE, PAUL |
| STREET ADDRESS | P.O. BOX 76058 N/A | 3.3 STREET ADDRESS | P.O. BOX 76058 N/A |
| CITY-ST-ZIP | ST. PETERSBURG FL 33734 | 3.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33734 |
| TITLE | VD | 4.1 TITLE | D |
| NAME | ELLIOTT, LEANN | 4.2 NAME | ELLIOTT, LEANN |
| STREET ADDRESS | P.O. BOX 13489 | 4.3 STREET ADDRESS | P.O. BOX 13489 N/A |
| CITY-ST-ZIP | ST. PETERSBURG FL 33731 | 4.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33731 |
| TITLE | VD | 5.1 TITLE | D |
| NAME | SCHONS, ED | 5.2 NAME | SCHONS, ED |
| STREET ADDRESS | 908 CLEVELAND ST | 5.3 STREET ADDRESS | 17757 U.S. HIGHWAY 19 NORTH, #660 |
| CITY-ST-ZIP | CLEARWATER FL | 5.4 CITY-ST-ZIP | CLEARWATER, FL 33764 |
| TITLE | TD | 6.1 TITLE | VD |
| NAME | NEWSOME, LARRY | 6.2 NAME | NEWSOME, LARRY |
| STREET ADDRESS | ONE PROGRESS PLAZA 15TH FL | 6.3 STREET ADDRESS | ONE PROGRESS PLAZA, 15TH FL |
| CITY-ST-ZIP | ST. PETERSBURG FL | 6.4 CITY-ST-ZIP | ST. PETERSBURG, FL 33701 |

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.

SIGNATURE:  PAUL W. BAILEY, PRESIDENT

813-895-2504

CR2E034 (10/97)