

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

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

04-14-1999 90055 049 \*\*\*150.00

**DOCUMENT # J71323**

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

3. Date Incorporated or Qualified

**05/04/1987**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 227 Second Avenue North**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

City & State

**23 St. Petersburg, FL**

City & State

**28**

Zip

**24 33701**

Country

**25 USA**

Zip

**29**

Country

**30**

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

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 **GILLESPIE, JAMES R.**  
STREET ADDRESS **1726 SERPENTINE DRIVE S**  
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **PD** ☐ DELETE  
NAME **BAILEY, PAUL**  
STREET ADDRESS **6850 CENTRAL AVE.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **VD** ☐ DELETE  
NAME **MCGUIRE, PAUL**  
STREET ADDRESS **P.O. BOX 76058 N/A**  
CITY-ST-ZIP **ST. PETERSBURG FL 33734**

TITLE **D** ☐ DELETE  
NAME **ELLIOTT, LEANN**  
STREET ADDRESS **P.O. BOX 13489**  
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE **D** ☐ DELETE  
NAME **SCHONS, ED**  
STREET ADDRESS **17757 U.S. HWY. 19 NORTH, #660**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **VD** ☐ DELETE  
NAME **NEWSOME, LARRY**  
STREET ADDRESS **ONE PROGRESS PLAZA 15TH FL**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **James R. Gillespie**  
1.3 STREET ADDRESS **4804 Windmill Palm Terrace N.E.**  
1.4 CITY-ST-ZIP **St. Petersburg, FL 33703**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **Paul Bailey**  
2.3 STREET ADDRESS **227 Second Avenue North**  
2.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

3.1 TITLE **MD** ☐ Change ☒ Addition  
3.2 NAME **Timothy J. McDowell**  
3.3 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/6/99 727 895 2504**  
Date Daytime Phone #

CR2E034 (11/98)