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

May 06, 1999 8:00 am Secretary of State

05-06-1999 90008 034 ***150.00

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Corporation Name

PETERSBURG PROPERTIES, INC.

Principal	Place o	f Business

6363 9TH AVE NORTH

Mailing Address

6363 9TH AVE NORTH

ST PETERSBURG FL 33710-6212

Suite, Apt. #, etc. 27 City & State City & S	31 FEIENSBURG FE 33/10-02/2 31 FEIENSBURG FE 33/10			10-0212			DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc.									,				
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	Place of Business	2a. Mailing Address				1			App	lied For		
Suite, Apt. #, etc. 27 City & State City & S	21	•	26				59-2846539			Not	Applicable		
City & State City & State		Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired				7		
Zip Country Zip Country Zip Country S. This corporation owes the current year intangible Personal Property Tax. Yes No	City & Stat	de	City & State				1	 					
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of		Country		Cou	ntn/			uone late		444	, 1, 4, 4, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
WARD JR., PAUL A. 6363 9TH AVE. ST. PETERSBURG FL 33710 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent ag	24 Zip		<u> </u>	_	iiu y			year inc		: [JNo		
WARD JR., PAUL A. 6363 9TH AVE. ST. PETERSBURG FL 33710 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 81 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, types or printed name or registered agent and the # significable. NOTE Registered Agent signature registed when refleating) DATE 12. OFFICERS AND DIRECTORS IN 12 DELETE 13 TITLE DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition 15. PETERSBURG FL 1.4 City: ST.2P 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addition 10. Change Additio							10. Name and Address of New Reg	istered /	4gent				
Signature. St. Petersburg FL 33710 83		<u> </u>			81	Name							
ST. PETERSBURG FL 33710 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes the sew-enamed corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, hybed or printed same of registered agent and time if spolicable. POTE Registered Agent signature registered when remission. PATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MULDON, BRENDAN 12.NAME 33. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE MULDON, BRENDAN 12.NAME 34. City 13. TITLE MULDON, BRENDAN 13. TITLE MULDON, BRENDAN 13. STREET ADORESS 51. PETERSBURG FL 14. City 15. T. PETERSBURG FL 14. City 15. T. PETERSBURG FL 14. City 15. T. PETERSBURG FL 15	WAF	RD JR., PAUL A.			-	04	ddaga /D.O. Day Myrehov in Mot Accountable						
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 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 tise if applicable. (NOYE: Registered Agent signature required when reinstance) P MULDOON, BRENDAN STREET ADDRESS ST.ZP ST.ZP MARE WARD, PAUL A, JR STREET ADDRESS G383 9TH AVE NORTH ST.ZP ST.ZP ST.ZP GIBBONS, ROBERT C. G18BONS, ROBERT C. G18BONS, ROBERT C. G18BONS, ROBERT N. G363 9TH AVE NORTH ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVE NORTH ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVENORTH ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVENORTH ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVENORTH ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVENORTH ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVENUE, N ST. PETERSBURG FL LYNCH, ROBERT N. G363 9TH AVENUE, N ST. PETERSBURG FL LYNCH, ROBERT N. G164 Change Addition CITY-ST-ZP Change Change	6363	3 9TH AVE.			82	Street A	et Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutas, the above-named corporation submits this statement for the purpose of Language was authorized by the corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if abolicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME NAME SIRRETADORESS ST PETERSBURG FL 1.1 TITLE NAME WARD, PAUL A, JR 6363 9TH AVE NORTH 2.2 STREET ADDRESS ST PETERSBURG FL UNCHARGE STORESS ST PETERSBURG FL 2.4 CITY-ST-ZIP ORLETE 3.1 TITLE WARD, PAUL A, JR 6363 9TH AVE NORTH 5.1 PETERSBURG FL UNCHARGE ST PETERSBURG FL 1.2 STREET ADDRESS ST PETERSBURG FL UNCHARGE ST PETERSBURG FL 1.3 STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-ZIP ORLETE 3.1 TITLE Addition CITY-ST-ZIP CITY-ST	ST.	PETERSBURG FL 33710		Ì	83						_		
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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 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, 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Time					84	City		EI	85	Zip C	ode		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent agent are agent and agent age	11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	tutes, the at	0006	-named o	corporation submits this statement for the pur	pose of	changir	ng its r	egistered		
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Signature, typed or printed name of registered agent and title of abolicable. NOTE: Registered Agent signature required when reinstating) DATE	-												
DELETE	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered	Agen	t signature re							
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ST PETERSBURG FL	NAME	MULDOON, BRENDAN		1.2 NA	ME								
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NAME DEFICIA, ELIZABETH M.		1	_ 500010				2	м	_	•	K		
	NAME					ADDRESS	6262 OFP WALE M	1.1 •					

CITY-ST-ZIP 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Daytime Phone #

Change

Addition

ST PETERSBURG FL