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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M56236**

1. Corporation Name
LODESTAR TOWER ST PETERSBURG, INC.



Principal Place of Business Mailing Address
 218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1987

4. FEI Number Applied For
59-2830399 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
GIBBS, RONALD L.
18870 PAINTED LEAF COURT
JUPITER FL 33434-0383

10. Name and Address of New Registered Agent

81 Name **DICKIE PAUL A.**

82 Street Address (P.O. Box Number is Not Acceptable)
218 U.S. HWY #1 SUITE 300

83

84 City **TEQUESTA** FL 85 Zip Code **33469**

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 *Paul A. Dickie* **PAUL A. DICKIE** 4/28/99 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D/P	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, RONALD L.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JAMES G.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/C	<input type="checkbox"/> DELETE
NAME	DICKIE, PAUL A.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	BYRNE, THOMAS F.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCGEE, NANCY E.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D/V	<input type="checkbox"/> DELETE
NAME	PATTON, GEORGE E.	
STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
CITY-ST-ZIP	TEQUESTA FL 33469	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SCOTT, PAUL W.	
1.3 STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
1.4 CITY-ST-ZIP	TEQUESTA FL 33469	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICKIE, PAUL A.	
2.3 STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
2.4 CITY-ST-ZIP	TEQUESTA FL 33469	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MCGEE, NANCY E.	
3.3 STREET ADDRESS	218 U.S. HWY #1 SUITE 300	
3.4 CITY-ST-ZIP	TEQUESTA FL 33469	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *Paul A. Dickie* **PAUL A. DICKIE** 4/28/99 (561) 748-9308 DATE Daytime Phone #

CR2E034 (1/98)