SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90009 023 ****61.25

DOCUMENT # N46974 ✓

1. Corporation Name

BEACH DRIVE AND DOWNTOWN BUSINESS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
TIMOTHY HUFF 254 THIRD ST. NORTH ST PETERSBURG FL 33701	P.O. BOX 3074 ST PETERSBURG FL 33731

2. Principal Place of Business 21 Timothy Huff Suite, Apt. #, etc. 22 146 Fourth Ave NE City & State 23 St Petersburg FL Zip 24 33701 Country 25 Pinellas	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 01/22/1992 4. FEI Number 59-3169066 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUFF, TIMOTHY
548 THIRD ST, NORTH
#3
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Huff, Timothy
82 Street Address (P.O. Box Number is Not Acceptable): 146 Fourth Ave NE
83
84 City: St Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HUFF, TIMOTHY		1.2 NAME	Timothy Huff	
STREET ADDRESS	254 THIRD ST NORTH		1.3 STREET ADDRESS	146 Fourth Ave NE	
CITY-ST-ZIP	ST PETERSBURG FL 33701		1.4 CITY-ST-ZIP	St Petersburg, FL 33701	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SERATA, BOB		2.2 NAME		
STREET ADDRESS	144 BEACH DRIVE NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETESBURG FL 33701		2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RONDOLINO, PATTI		3.2 NAME		
STREET ADDRESS	418 BEACH DRIVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TASSONI, TONI		4. 2 NAME		
STREET ADDRESS	800 SECOND AVE NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33701		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 617, 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 REQUIRED Tassoni 7.8.99 727.822.3693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x291