


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000000812 (4)**

1. Corporation Name

**7TH FLORIDA COMPANY K, C.S.A., INC.**



Principal Place of Business <b>4000 42ND AVENUE NORTH ST. PETERSBURG FL 33714</b>	Mailing Address <b>4000 42ND AVENUE NORTH ST. PETERSBURG FL 33714</b>
--	--

3. Date Incorporated or Qualified

**02/13/1997**

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAKES, FRANK R  
100 N. TAMPA STREET  
SUITE 1800  
TAMPA FL 33602**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

**1/8/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STODDARD, STEVEN N</b>	
STREET ADDRESS	<b>4000 42ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOANNE A BROWN</b>	
1.3 STREET ADDRESS	<b>1065 17th Ave N</b>	
1.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, JOHN G</b>	
STREET ADDRESS	<b>4000 42ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	

2.1 TITLE	<b>V.P.D. JOHN G MITCHELL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>906 W KNOXWOOD ST</b>	
2.3 STREET ADDRESS	<b>TAMPA, FL, 33604</b>	
2.4 CITY-ST-ZIP		

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, SCOTT</b>	
STREET ADDRESS	<b>4000 42ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	

3.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Ralph Van Blarcom</b>	
3.3 STREET ADDRESS	<b>2320 DOWEN DRIVE</b>	
3.4 CITY-ST-ZIP	<b>LAND D LAKES, FL 34639</b>	

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STODDARD, GINA MARIE</b>	
STREET ADDRESS	<b>4000 42ND AVENUE NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33714</b>	

4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Tamara D. Poole</b>	
4.3 STREET ADDRESS	<b>3660 49th Av. N. #5</b>	
4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33714</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joanne A Brown** SIGNATURE REQUIRED

**1-8-98**

CR2E037 (10/97)