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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT #

1. Corporation Name

NA70000000812

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

Principal Place of Business

3827 48th Avenue North
St. Petersburg, FL 33714

Mailing Address

3827 48th Avenue North
St. Petersburg, FL 33714



* 6 8 4 2 3 4 - 90004 - 30 4 *

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/13/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

X Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

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.

April 16, 1999

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BROWN, JOANNE A.
STREET ADDRESS 1065 17th AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33704

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME STODDARD, STEVE
1.3 STREET ADDRESS 3827 48th Avenue, N.
1.4 CITY-ST-ZIP St. Petersburg, FL 33714

TITLE VPD ☐ DELETE
NAME MITCHELL, JOHN G.
STREET ADDRESS 906 W KNOLLWOOD ST.
CITY-ST-ZIP TAMPA, FL 33604

2.1 TITLE VPD ☐ Change ☐ Addition
2.2 NAME FLETCHER, SKIP
2.3 STREET ADDRESS 3680 Fletch Haven Dr.
2.4 CITY-ST-ZIP Tarpon Springs, FL 34689

TITLE TD ☐ DELETE
NAME BLARCOM, RALPH VAN
STREET ADDRESS 23120 DOVER DRIVE
CITY-ST-ZIP LAND O' LAKES, FL 34639

3.1 TITLE T/D ☐ Change ☐ Addition
3.2 NAME Arrison, Robert
3.3 STREET ADDRESS 6048 45th Ave N
3.4 CITY-ST-ZIP St. Petersburg, FL 33709

TITLE SD ☐ DELETE
NAME POOLE, TAMARA D.
STREET ADDRESS 3660 49th AVENUE NORTH #5
CITY-ST-ZIP ST. PETERSBURG, FL 33714

4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME CAMPANY, KAREN
4.3 STREET ADDRESS 4229 Bessemer
4.4 CITY-ST-ZIP Brooksville, FL 34602

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: STEVEN W. STANDARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

727-527-3247

CR2E037 (1/198)