## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000074840 (8)

## REDEVELOPMENT PARTNERS, INCORPORATED

Mailing Address Principal Place of Business

SECREL YELL STATE TALLAHAS EN FLORIDA

FILED

98 MAY - | AM 11: 11

Threight Face of Edemics						
5401 W KENNEDY BLVD SUITE 751 TAMPA FL 33609	P O BOX 2861 ST PETERSBURG US	ST PETERSBURG FL 33731-2861		DO NOT WRITE IN THIS SPACE		
				<ol> <li>Date Incorporated or Qualified</li> <li>10/25/1993</li> </ol>		
2. Principal Place of Business	2a. Mailing Addres	SS		4, FEI Number	Applied For	
21	26			59-3208036	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.			\$8.75 Additional Fee Required	
City & State	City & State	├─ŋ '		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Court 24 25	7(p) <b>29</b>	Country 30	,	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes 🔽 No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
GILES, JOEL B		81	Name			
200 CENTRAL AVE STE 2000 ST PETERSBURG FL 33701			82 Street Address (P.O. Box Number is Not Acceptable) 83			
11, Pursuant to the provisions of So	ctions 607,0502 and 607,1508, Florida	Statutes, the abov	e-named co	rporation submits this statement for the purpose of c	hanging its registered	

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	St <b>onature</b> , typed or printed hame of registered agreet and title if apply, also	(NOTE: Registered Agent signature	e required when reinstalling) DATE						
- 12,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12					
TITLE	<b>DPST</b> DELE	TE 1,1 TITLE		Change Addition					
NAME	WOOD, RENE M.	1.2 NAME	000002513	3000					
STREET ADDRESS	5401 W KENNEDY BLVD SUITE 751	1.3 STREET ADDRESS	-05/06/981						
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY - ST - ZIP	****150.00	***150.00					
TITLE	DELE	TE 2.1 TITLE		Change Addition					
NAME		22 NAME							
STREET ADDRESS		23 STREET ADDRESS							
CITY-ST-ZIP		2. 4 CiTY - S1 - ZIP							
TITLE	DELE	TE 3.1 TITLE		☐ Change ☐ Addition					
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY - S1 - ZIP							
TITLE	☐ DELE	TE 4.1 TITLE		Change Addition					
NAME		4. 2 NAME	•						
STREET ADDRESS		4.3 STREET ADDRESS	<b>å</b>						
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1 90						
TITLE	☐ DELÉ	TE 5.1 TITLE	1 40 17	Change Addition					
NAME		5.2 NAME	111						
STREET ADDRESS		5.3 STREET ADDRESS	<b>)</b>						
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELE	TE 6.1 TITLE		Change Addition					
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS		İ					

14. Thereby 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 supplimental 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 convergence the receiver at the state of the convergence o

4/30/48