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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074840

1. Corporation Name

REDEVELOPMENT PARTNERS, INCORPORATED

S401 W KENNEDY BLVD SUITE 751 TAMPA FL 33609	P O BOX 2861 ST PETERSBURG FL 33731-2861 US				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
22	27				
City & State	City & State				
23	28				
Zip Country	Zip Country				
24 25	[30]				
9. Name and Address of Cu	rrent Registered Agent				

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address			s anderen ein inend teste nater dater dater fatte fifter dibat jazet neut; Att 1881				
5401 W KEMMEDY BLYD SUITE 751 TAMPA FL 33609		P O 80X 2861 ST PETERSBURG FL 33731-2861 US		DO NOT WRITE IN THIS SPACE			
(((())))		30			3. Date Incorporated or Qualife 10/25/1993		, or Auc
21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3208036		Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	ĸ	\$8.75 Additional Fee Required
City & Stat		City & State			6. Election Campaign Financin Trust Fund Contribution	9 []	\$5.00 May Be Added to Fees
Zip 24	Country 25		Count [30]	'y	This corporation owes the corporate Property Tax.		[]No
GILE	Name and Address of Curre Name But B	ent Registered Agent	8	1 Name	10. Name and Address of Nev	/ Registered	Agent
200	CENTRAL AVE		8		ess (P.O. Box Number is Not Acce	ptable)	
	ETERSBURG FL 33701		8	Suite	2300		85 Zip Code
office or n agent. I a SIGNATURE	to the provisions of Sections 60 105 egistered agent, or both, in the state in familia, with, and accept the out	Joe		Giles		oril 29	
12.	OFFICERS A	ND DIRECTORS [] DELETE	13.	····	ADDITIONS/CHANGES TO C	OFFICERS AN	ND DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	WOOD, RENE M. 5401 W KENNEDY BLVD SUF TAMPA FL 33609		1.2 NAME 1.3 STRE	ET ADDRESS	05/	07/99	7 1 1 0 5
TITLE NAME	TAME A FE WOOD	DELETE	1.4 CHY- 2.1 TIBLE 2.2 NAME		****	*lb6.fa	****158 75 [] Change [] Addition
STREET ADDRESS CITY-ST-ZIP			23 STRE 2 4 CITY	ET ADORESS -ST-ZIP			
TITLE NAME STREET ADDRESS		[] DELETE	3 1 TITLE 3 2 NAME	ET ADDRESS			Change Addition
CITY-ST-ZIP TITLE		[] DELETE	3.4 CITY	ST-ZIP			[_] Change Addition
NAME STREET ADORESS CITY-ST-ZIP			4 2 NAME 4 3 STRE 4 4 CITY-	ET ADDRESS			
TITLE NAME STREET ADDRESS		[] DEFELE	51 TITLE 52 NAME 53 STRE	ET ADORESS			☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	54 CITY- 61 TITLE	ST-ZIP			[Change
NAME STREET ADORESS			62 NAME 63 STRE	ET ADORESS			20

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 discated 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 path; that I am an officer or director of the corporation for the receiver, art his stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, byton an attachment with an address, with all other like empowered.

Rene' M. Wood, President: 4/29/99; (813) 286-8680