

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000091206 (0)

1. Corporation Name  
ST. LUCIE GENERAL, INC.

Principal Place of Business

1733 W. FLETCHER AVENUE  
TAMPA FL 33612  
US

Mailing Address

1733 W. FLETCHER AVENUE  
TAMPA FL 33612-1820  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

WYCKOFF, MICHAEL D  
802 11TH ST. WEST  
BRADENTON FL 34205

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3287761

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

CLIFFORD L. WALTERS

82 Street Address (P.O. Box Number is Not Acceptable)

802 11TH STREET WEST

83

84 City

BRADENTON

FL

85 Zip Code

34205

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD ✓  
LEVIN, RICHARD  
STREET ADDRESS 7646 N. LOCKWOOD RIDGE ROAD  
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME VSD ✓  
RICE, SUZANNE L  
STREET ADDRESS 1733 W. FLETCHER AVENUE  
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ DELETE

NAME VSD ✓  
LEVIN, STEVEN  
STREET ADDRESS P.O. BOX 93-6260 N/A  
CITY-ST-ZIP MARGATE FL 33093-6260

TITLE ☐ DELETE

NAME T ✓  
LEVIN, JILL  
STREET ADDRESS P.O. BOX 11229 N/A  
CITY-ST-ZIP KNOXVILLE TN 37939

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*3135.00 \*\*\*165.00

8/24/25

14. I do 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 607, Florida Statutes; and that my name appears in Block 1, Block 12 if changed, or on an attachment with an address.

CR2E034 (9/96)