

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

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Levin, Richard
1.2 NAME 1733 West Fletcher Ave.
1.3 STREET ADDRESS Tampa, FL 33612
1.4 CITY-ST-ZIP

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE VSD
3.2 NAME Levin, Steven
3.3 STREET ADDRESS 21301 Powerline Road, Ste 312
3.4 CITY-ST-ZIP Boca Raton, FL 33433

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-98

813-960-8154

CR2E034 (10/97)