

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 AUG 18 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000053834 (4)**

1. Corporation Name  
**DIVOT DEVELOPMENT CORPORATION**

Principal Place of Business <b>442 W KENNEDY BLVD SUITE 200 TAMPA FL 33606</b>	Mailing Address <b>P.O. BOX 172067 TAMPA FL 33672-2067</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>07/07/1995</b>	3a. Date of Last Report <b>08/23/1996</b>
4. FEI Number <b>59-3322814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CELLURA, JOSEPH R  
442 W KENNEDY BLVD SUITE 200  
TAMPA FL 33606**

10. Name and Address of New Registered Agent
81 Name <b>Ellee M. Knight</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>442 West Kennedy Boulevard</b>
83 Suite # <b>200</b>
84 City <b>Tampa</b>
85 Zip Code <b>FL 33606</b>

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 *Ellee M. Knight* **Ellee M. Knight - President** **August 11, 1997**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CELLURA, JOSEPH R</b>
STREET ADDRESS	<b>442 W KENNEDY BLVD SUITE 200</b>
CITY-ST-ZIP	<b>TAMPA FL 33606</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD KNIGHT, ELLEE M</b>
STREET ADDRESS	<b>P.O. BOX 3591</b>
CITY-ST-ZIP	<b>PLANT CITY FL 33564</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VST MILLER, KATHLEEN J</b>
STREET ADDRESS	<b>P.O. BOX 172067</b>
CITY-ST-ZIP	<b>TAMPA FL 33672-2067</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**900002271549--5**  
**-08/19/97--01075-018**  
**\*\*\*\*165.00 \*\*\*\*165.00**

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Ellee M. Knight* **Ellee M. Knight** **August 11, 1997**

CR2E034 (4/97)