


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000053834 (4)**

1. Corporation Name

DIVOT DEVELOPMENT CORPORATION

Principal Place of Business

**442 W KENNEDY BLVD SUITE 200
TAMPA FL 33606**

Mailing Address

**P.O. BOX 172067
TAMPA FL 33672-2067**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1995	
21	201 N. Franklin Street	26		4. FEI Number 59-3322814	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. Suite 200	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Tampa, Florida	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33602	25	Country U.S.A	29	Zip 33602
30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KNIGHT, ELLEE M
442 W. KENNEDY BLVD., STE 200
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81	Name KNIGHT, ELLEE M
82	Street Address (P.O. Box Number is Not Acceptable) 201 N. Franklin Street
83	Suite 200
84	City Tampa
85	Zip Code FL 33602

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	CELLURA, JOSEPH R	1.2 NAME	CELLURA, JOSEPH R
STREET ADDRESS	442 W KENNEDY BLVD SUITE 200	1.3 STREET ADDRESS	201 N. Franklin Street, Suite 200
CITY - ST - ZIP	TAMPA FL 33606	1.4 CITY - ST - ZIP	Tampa, Florida 33602
TITLE	PD	2.1 TITLE	PD
NAME	KNIGHT, ELLEE M	2.2 NAME	KNIGHT, ELLEE M
STREET ADDRESS	P.O. BOX 3591 N/A	2.3 STREET ADDRESS	201 N. Franklin Street, Suite 200
CITY - ST - ZIP	PLANT CITY FL 33564	2.4 CITY - ST - ZIP	Tampa, Florida 33602
TITLE	VST	3.1 TITLE	
NAME	MILLER, KATHLEEN J	3.2 NAME	
STREET ADDRESS	P.O. BOX 172067 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33672-2067	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Ellee M. Knight, President

4:30:98

813-251-4411

CR2E034 (10/97)