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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90253 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000073108		
1. Corporation Name DADE CITY SERVICE PLAZA, INC.		



Principal Place of Business 33233 ST. JOE ROAD DADE CITY FL 33525	Mailing Address 33233 ST. JOE ROAD DADE CITY FL 33525
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/20/1995	4. FEI Number 59-3322851	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ROBERTS, ROBERT N SR. 33233 ST. JOE ROAD DADE CITY FL 33525	10. Name and Address of New Registered Agent 81 Name ROBERTS, DAVID D. 82 Street Address (P.O. Box Number is Not Acceptable) 33752 MERIDIAN AVE 83 84 City DADE CITY FL 85 Zip Code 33525
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11. Pursuant to the provisions of Sections 607.0592 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 607.0504, Florida Statutes.

SIGNATURE *David D. Roberts* **DAVID D. ROBERTS** **2/3/99**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME ROBERTS, ROBERT N SR. STREET ADDRESS 33233 ST. JOE ROAD CITY-ST-ZIP DADE CITY FL 33525	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVS <input type="checkbox"/> DELETE NAME ROBERTS, DAVID D STREET ADDRESS 33752 MERIDIAN AVENUE CITY-ST-ZIP DADE CITY FL 33525	2.1 TITLE PD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVS <input type="checkbox"/> DELETE NAME YVONNE C. ROBERTS STREET ADDRESS 33233 ST JOE ROAD CITY-ST-ZIP DADE CITY, FL 33525	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *David D. Roberts* **DAVID D. ROBERTS** **2/3/99** **352.821-5756**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)