

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P96000050430 (3)

1. Corporation Name

NORTH HYDE PARK PROPERTIES, INC.



Principal Place of Business

POST OFFICE BOX 130065
TAMPA FL 33681-0065

Mailing Address

POST OFFICE BOX 130065
TAMPA FL 33681-0065

2. Principal Place of Business

21 3321 HENDERSON BLVD.

Suite, Apt. #, etc.

22 Suite 201

City & State

23 Tampa FL.

Zip

24 33609

Country

25 Hills.

2a. Mailing Address

26 3321 HENDERSON BLVD.

Suite, Apt. #, etc.

27 Suite 201

City & State

28 Tampa FL.

Zip

29 33609

Country

30 Hills.

3. Date Incorporated or Qualified

06/12/1996

3a. Date of Last Report

4. FEI Number

59-3398779

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

9. Name and Address of Current Registered Agent

BRCE, RONALD E
720E FLETCHER AVENUE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name J. DENNIS JOHNSON, JR., Pres. JOHNSON RES.

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

3321 HENDERSON 3321 HENDERSON BLVD.

83

Suite 201

84 City

Tampa

FL

85 Zip Code

33609

11. Pursuant to the provisions of Sections 607.0102 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
JOHNSON RESIDENTIAL INC.
STREET ADDRESS 3321 HENDERSON BLVD. STE 201
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME VD
STEIN, JACK
STREET ADDRESS 166 18TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 in an attachment with an address.

SIGNATURE _____ DATE 4-28-97

CR2E034 (9/96)