

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

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089855 (6)

1. Corporation Name

ECHELON DEVELOPMENT CORPORATION

Principal Place of Business

ONE PROGRESS PLAZA
ST PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA
ST PETERSBURG FL 33701-4353

3. Date Incorporated or Qualified

10/31/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.
1500

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
1500

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2554218

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

10. Name and Address of New Registered Agent

NEWSOME, LARRY J
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701

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

Sign the 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 ☐ DELETE
NAME LECLAIR, D A
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NEWSOME, LARRY J
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

2.1 TITLE DVT ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME TALMADGA, MICHAEL S
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST PETERSBURG FL 33701

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE DVS ☐ Change ☒ Addition
4.2 NAME Johnson, Susan G.
4.3 STREET ADDRESS One Progress Plaza
4.4 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME Hobbs, James R.
5.3 STREET ADDRESS One Progress Plaza
5.4 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Wilson, Thomas D.
6.3 STREET ADDRESS One Progress Plaza
6.4 CITY-ST-ZIP St. Petersburg, FL 33701

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: Susan G. Johnson, Vice President 3/18/97 (813) 824-6654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

0372452