

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089855 (6)

1. Corporation Name

ECHOLON DEVELOPMENT CORPORATION

Principal Place of Business

ONE PROGRESS PLAZA
ST PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-2554218

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 One Progress Plaza

Suite, Apt. #, etc.

22 Suite 1500

City & State

23 St. Petersburg FL

Zip

24 33101

Country

25 USA

2a. Mailing Address

26 One Progress Plaza

Suite, Apt. #, etc.

27 Suite 1500

City & State

28 St. Petersburg FL

Zip

29 33101

Country

30 USA

9. Name and Address of Current Registered Agent

NEWSOME, LARRY J
ONE PROGRESS PLAZA
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name Susan Calathorn Johnson
82 Street Address (P.O. Box Number is Not Acceptable)
One Progress Plaza
83 Suite 1500
84 City St. Petersburg FL 85 Zip Code 33101

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



03/26/98

DATE

12. OFFICERS AND DIRECTORS

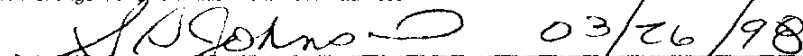
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LECLAIR, D A	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	NEWSOME, LARRY J	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	JOHNSON, SUSAN G.	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOBBS, JAMES R.	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, THOMAS D.	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D/P	
1.3 STREET ADDRESS	Higgins, Raymond E	
1.4 CITY-ST-ZIP	One Progress Plaza Suite 1500 St. Petersburg, FL 33101	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hobbs, James R. Jr.	
2.3 STREET ADDRESS	One Progress Plaza, Suite 1500	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33101	
3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Susan G.	
3.3 STREET ADDRESS	One Progress Plaza, Suite 1500	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33101	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:



CR2E034 (10/97)