

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90060 004 ***150.00

DOCUMENT # P96000089855

1. Corporation Name

ECHELON DEVELOPMENT CORPORATION

Principal Place of Business

1500 SECOND STREET SOUTH
SUITE 1500
ST PETERSBURG FL 33701
US

Mailing Address

1500 SECOND STREET SOUTH
SUITE 1500
ST PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

59-3420663

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 450 Carillon Parkway

2a. Mailing Address

26 450 Carillon Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip Country

Zip Country

24 33716

25

USA

29 33716

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLATHORN JOHNSON, SUSAN
ONE PROGRESS PLAZA
SUITE 1500
ST PETERSBURG FL 33701

81 Name

Susan G. Johnson

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

450 Carillon Parkway, Suite 200

83

84 City

St. Petersburg

FL

85 Zip Code

33716

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

Susan G. Johnson
Signature, typed or printed name of registered agent and title if applicable.

Susan G. Johnson

(NOTE: Registered Agent signature required when reinstating)

3/29/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HIGGINS, RAYMOND F
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500
CITY-ST-ZIP ST PETERSBURG FL

TITLE DV ☐ DELETE

NAME HOBBS, JAMES R JR
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500
CITY-ST-ZIP ST PETERSBURG FL

TITLE DVS ☐ DELETE

NAME JOHNSON, SUSAN G.
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 1500
CITY-ST-ZIP ST. PETERSBURG FL

TITLE V ☒ DELETE

NAME HOBBS, JAMES R.
STREET ADDRESS ONE PROGRESS PLAZA
CITY-ST-ZIP ST. PETERSBURG FL

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

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME Raymond F. Higgins
1.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
1.4 CITY-ST-ZIP St. Petersburg, FL 33716

2.1 TITLE D/V/T ☒ Change ☐ Addition

2.2 NAME James R. Hobbs, Jr.
2.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
2.4 CITY-ST-ZIP St. Petersburg, FL 33716

3.1 TITLE D/V/S ☒ Change ☐ Addition

3.2 NAME Susan G. Johnson
3.3 STREET ADDRESS 450 Carillon Parkway, Suite 200
3.4 CITY-ST-ZIP St. Petersburg, FL 33716

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Susan G. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 727-803-8200

Date

Daytime Phone #

CR2E034 (11/98)