


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90193 012 ***150.00

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000093555

1. Corporation Name

ST. PETERSBURG GALLERY, INC.

Principal Place of Business

424 BEACH DRIVE NE
SUITE 102
ST. PETERSBURG FL 33701

Mailing Address

424 BEACH DRIVE NE
SUITE 102
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

65-0713216

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

GORDON, LEWIS G ESQ.
1320 S. DIXIE HIGHWAY
SUITE 700
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

Theresa L Coffey

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

424 Beach Dr. NE

83

Suite 102

84 City

St. Petersburg**FL**85 Zip Code **33701**

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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | D. | <input checked="" type="checkbox"/> DELETE |
| NAME | GRAYSON, ERIC | |
| STREET ADDRESS | 300 PALM AVE | |
| CITY-ST-ZIP | MIAMI BEACH FL | |

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | President | <input type="checkbox"/> DELETE |
| NAME | Casandra M. Grayson | |
| STREET ADDRESS | 5001 14th St. NE | |
| CITY-ST-ZIP | St. Petersburg FL 33703 | |

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | Vice President | <input type="checkbox"/> DELETE |
| NAME | Eric Grayson | |
| STREET ADDRESS | 5001 14th St. NE | |
| CITY-ST-ZIP | St. Petersburg FL 33703 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

NEW SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99 727-827-0934

CR2E034 (11/98)