FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90060 009 ***150.00

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

DOCUMENT # P96000103031

TOUELO	n real estate services,	INC									
ECHELO	N HEAL ESTATE SERVICES,	INC.						E PROBLING PROBLEM TO BE SHEET OF	1821 4810 14 1 3		12 (() B) (() B) () ()
	•										
Principal Place	of Business	Maili	ing Address				_		[8][] 88(8) 1(8)[[8100 HAH 8010	16 tilot 1481 1284
ONE PROGRESS PLAZA ONE PROGRESS PLAZA			ZA								
SUITE 1500 SUITE1500							DO NOT WA	ITE IN THIS	SPACE		
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701			33701				3. Date Incorporated or Qualifed		OF ACE		
US		US					l	12/23/1996	4		
2 Principal Pl	are of Rusiness	2a N	Mailing Address					4. FEI Number		I A	pplied For
2. Principal Place of Business 21 450 Carillon Parkway		26 450 Carillon Parkway						59-3418632			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.									Additional
22 Suite 200		27 Suite 200						5. Certifcate of Status Desired		Fee R	equired
City & State			City & State					6. Election Campaign Financing	ם י	\$5.00	May Be
St. Petersburg, FL		28 9						Trust Fund Contribution		Added	to Fees
Zip	Country		Zip		Country	'		8. This corporation owes the cu	rrent year Int	angible	
24 33716	5 25 USA	29	33716	30	ບຣ	A		Personal Property Tax.		☐Yes	[XNo
	9. Name and Address of Current	Registe	red Agent					10. Name and Address of New	Registered .	Agent	
01.43	THORN IONNEON CHEAN				81	Name	Sus	an G. Johnson			
	THORN JOHNSON, SUSAN		82 Street Addre				Addres	s (P.O. Box Number is Not Accep	table)		·
ONE PROGRESS PLAZA SUITE 1500						450	Car	illon Parkway, Sui	te 200		
	PETERSBURG FL 33701				83						
31. 1	retendona re 33701				84	City					Code
						st	. P	etersburg	FL	. 33	716
11. Pursuant	to the provisions of Sections 607.0502	and 607	7.1508, Florida S	Statutes, 1	the above	e-named	corpor	ation submits this statement for this board of directors. I hereby acc	e purpose or ent the appoi	cnanging its ntment as re	egistered
		i rionua.	. Such change v	vas auuic	nizeu by	the corpt	Janon				
agent. I ar	to the provisions of Sections 607.0502 egistered agent of both, in the State of m familiar with and accept the obligation	ons of, S	Section 607.0305					,,	-//	1.0	
SIGNATURE	21)48h			Susa	n G.	Johns	son		3/24/	49	<u> </u>
SIGNATURE	Signature Aped or printed name of registered agent a	and title if a	applicable.	Susa	n G.	Johns	son	when reinstating)	3129 DATE	<u> </u>	
SIGNATURE	21)48h	and title if a	applicable.	Susa (NOTE: Reg	n G.	Johns	edrited A	when reinstating) ADDITIONS/CHANGES TO O	3129 DATE	<u> </u>	ORS IN 12
SIGNATURE 12. TITLE	Signature Vpod or printed name of registered agent of FFICERS AND	and title if a	applicable.	Susa (NOTE: Reg	n G. Istered Agen 13.	Johns	N. A.	ADDITIONS/CHANGES TO O	3129 DATE	<i>QQ</i> ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature / ped or printed name of registered agent of FFICERS AND V TALMADGE, MICHAEL S	and title if a	applicable.	Susa (NOTE: Reg	TA G. ustered Ager 13. 1.1 TITLE 1.2 NAME	Johns	on equired v	ADDITIONS/CHANGES TO O	31741 DATE FFICERS AN	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature Sped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE	and title if a	applicable.	Susa (NOTE: Reg	n G. istered Ager 13. 1.1 TITLE 12 NAME 1.3 STREET	Johns at signature in	equired v	ADDITIONS/CHANGES TO O b. madge, Michael S. Carillon Parkway,	DATE FFICERS AN Suite	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature Apped or printed name of registered agent and printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL	and title if a	applicable.	Susa (NOTE: Reg	TA G. ustered Ager 13. 1.1 TITLE 1.2 NAME	Johns at signature in	V Tal 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3	DATE FFICERS AN Suite	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Apped or printed name of registered agent a OFFICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP	and title if a	applicable. TORS	Susa (NOTE: Reg	n G. Istered Ager 13. 1.1 TITLE 12 NAME 1.3 STREET	Johns nt signature n TADDRESS	V Tal: 450 St.	ADDITIONS/CHANGES TO O	DATE FFICERS AN Suite	ID DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Viped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F.	and title if a	applicable. TORS	Susa (NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	Johns It signature in It signa	V Tal: 450 St. -D/E	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins	Suite	DIRECTO Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Viped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA	and title if a	applicable. TORS	Susa (NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	JOhns t signature in ADDRESS T-ZIP	V Tal 450 St. -D/I Ray1	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway,	Suite Suite	D DIRECTO Change 200 Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Viped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F.	and title if a	applicable. TORS	Susa (NOTE: Reg IE	n G. stered Ager 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	JOhns Tagnature re TADDRESS T-ZIP TADDRESS T-ZIP	V Tal: 450 St. -D/F Ray: 450 St.	madge, Michael S. Carillon Parkway, Petersburg, FI. 3 mond F. Higgins Carillon Parkway, Petersburg, FI. 3	Suite Suite	DIRECTO Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Vipod or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL	and title if a	applicable. TORS DELET	Susa (NOTE: Reg IE	n G. Istered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	JOhns Taignature re TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. -D/F Ray 450 St. D/V	madge, Michael S. Carillon Parkway, Petersburg, FI. 3 mond F. Higgins Carillon Parkway, Petersburg, FI. 3	Suite Suite	D DIRECTO Change 200 Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Ypod or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS	and title if a	applicable. TORS DELET	Susa (NOTE: Reg IE	n G. ustered Ager 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 3.1 TITLE 3.2 NAME	JOhns t signature re r ADDRESS T-ZIP T ADDRESS ST-ZIP	Tal: 450 St. D/F Ray: 450 St. D/V Sus	madge, Michael S. Carillon Parkway, Petersburg, FL. mond F. Higgins Carillon Parkway, Petersburg, FL. Mond F. Higgins Carillon Parkway, Petersburg, FL. 3 /S an G. Johnson	Suite 3716 Suite 3716	D DIRECTION Change 200 Change 200 Change	ORS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature Ypod or printed name of registered agent of FFICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G.	and title if a	popicable. TORS DELET DELET	SUSA. (NOTE: Reg TE	n G. ustered Ager 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREET 3.1 TITLE 3.2 NAME	JOhns Taignature n FADDRESS T-ZIP TADDRESS TADDRESS TADDRESS	Tal: 450 StD/F Ray: 450 St. D/V, Sus: 450	madge, Michael S. Carillon Parkway, Petersburg, FL. mond F. Higgins Carillon Parkway, Petersburg, FL. 3 Mond F. Higgins Carillon Parkway, Petersburg, FL. 3 /S an G. Johnson Carillon Parkway,	Suite 3716 Suite 3716 Suite	DDIRECTO Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature Ypod or printed name of registered agent of FFICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA	and title if a	applicable. TORS DELET	SUSA. (NOTE: Reg TE	n G. Istered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	JOhns Taignature n FADDRESS T-ZIP TADDRESS TADDRESS TADDRESS	Tal: 450 StD/F Ray: 450 St. D/V, Sus: 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //S An G. Johnson Carillon Parkway, Petersburg, FL 3	Suite 3716 Suite 3716 Suite	D DIRECTION Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR	and title if a D DIREC	popicable. TORS DELET DELET	SUSA. (NOTE: Reg TE	n G. Istered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	JOhns Taignature n FADDRESS T-ZIP TADDRESS TADDRESS TADDRESS	Tal 450 St. D/F Rayr 450 St. D/V Sus 450 St. D/V	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //S An G. Johnson Carillon Parkway, Petersburg, FL 3	Suite 3716 Suite 3716 Suite	DDIRECTO Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR ONE PROGRESS PLAZA, SUITE	and title if a D DIREC	popicable. TORS DELET DELET	SUSA. (NOTE: Reg TE	n G. Intered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	JOhns Taignature n FADDRESS T-ZIP TADDRESS TADDRESS TADDRESS	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr. Carillon Parkway	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR	and title if a D DIREC	pplicable. ETORS DELET DELET	SUSA. (NOTE: Reg TE	n G. istered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S	JOhns Taignature r FADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr.	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR ONE PROGRESS PLAZA, SUITE	and title if a D DIREC	popicable. TORS DELET DELET	SUSA. (NOTE: Reg TE	n G. Istered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	JOhns Taignature r FADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr. Carillon Parkway	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR ONE PROGRESS PLAZA, SUITE	and title if a D DIREC	pplicable. ETORS DELET DELET	SUSA. (NOTE: Reg TE	13. 11TILE 12 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.4 CITY-S 3.1 TITLE 3.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 4.2 NAME 4.3 STREET 4.5 NAME 4.5 STREET 5.5 NAME 5	JOhns Taggnature in TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr. Carillon Parkway	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR ONE PROGRESS PLAZA, SUITE	and title if a D DIREC	pplicable. ETORS DELET DELET	SUSA. (NOTE: Reg TE	13. 11TILE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET	JOhns Talignature in TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr. Carillon Parkway	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change 200 Change	ORS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR ONE PROGRESS PLAZA, SUITE	and title if a D DIREC	DELET	SUSA. (NOTE: Reg FE FE	13. 11TILE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.4 CITY-S 5.5 NAME 5.5 STREET 5.4 CITY-S 5.5 STREET 5.5 CITY-S 5.5 STREET 5.5	JOhns Talignature in TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr. Carillon Parkway	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change 200 Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature Apped or printed name of registered agent of FICERS AND V TALMADGE, MICHAEL S ONE PROGRESS PLAZA, SUITE ST. PETERSBURG FL DP HIGGINS, RAYMOND F. ONE PROGRESS PLAZA ST PETERSBURG FL DVS JOHNSON, SUSAN G. ONE PROGRESS PLAZA ST. PETERSBURG FL DVSC S, JAMES R JR ONE PROGRESS PLAZA, SUITE	and title if a D DIREC	pplicable. ETORS DELET DELET	SUSA. (NOTE: Reg FE FE	13. 11TILE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET 5.3 NAME 5.3 STREET	JOhns Talignature in TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	V Tal 450 St. D/V Sus. 450 D/V Jan 450	madge, Michael S. Carillon Parkway, Petersburg, FL 3 mond F. Higgins Carillon Parkway, Petersburg, FL 3 //S an G. Johnson Carillon Parkway, Petersburg, FL 3 //T nes R. Hobbs, Jr. Carillon Parkway	Suite 3716 Suite 3716 Suite 3716 , Suite	DDIRECTO Change 200 Change 200 Change 200 Change	ORS IN 12 Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Susan G. Johnson RINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

727-803-8200