

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  
Jun 02, 1999 8:00 am  
Secretary of State

06-02-1999 90008 001 \*1,500.00

DOCUMENT # P97000092687

1. Corporation Name

SOUTHSHORE RESIDENTIAL, INC.

Principal Place of Business

C/O R. H. KESSEL  
702 N. FRANKLIN STREET  
TAMPA FL 33602-4418  
US

Mailing Address

C/O R. H. KESSEL  
P.O. BOX 111  
TAMPA FL 33602-0111  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1997

4. FEI Number

59-3476730

Applied For

Not Applicable

2. Principal Place of Business

21 C/O D. E. Schwartz

2a. Mailing Address

26 C/O D. E. Schwartz

Suite, Apt. #, etc.

22 702 N. Franklin St.

Suite, Apt. #, etc.

27 P.O. Box 111

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33602-4418

Country

25 U.S.

Zip

29 33601-0111

Country

30 U.S.

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDEVITT, S.M.  
702 NORTH FRANKLIN ST.  
TAMPA FL 33602

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE

NAME KOSTORYZ, J.A.  
STREET ADDRESS 702 NORTH FRANKLIN ST.  
CITY-ST-ZIP TAMPA FL 33602

TITLE SD ☐ DELETE

NAME KESSEL, R.H.  
STREET ADDRESS 702 NORTH FRANKLIN ST.  
CITY-ST-ZIP TAMPA FL 33602

TITLE TD ☐ DELETE

NAME GILLETTE, G. L.  
STREET ADDRESS 702 NORTH FRANKLIN ST.  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Kessel, R. H.  
2.3 STREET ADDRESS 702 N. Franklin St.  
2.4 CITY-ST-ZIP Tampa, FL 33602

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Schwartz, D.E.  
3.3 STREET ADDRESS 702 N. Franklin St.  
3.4 CITY-ST-ZIP Tampa, FL 33602

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 228-1808

CR2E034 (11/98)

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