## 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 # P9800030863

1. Corporation Name

HYDE PARK PROPERTIES, INC.

Principal Place of Business Mailing Address 1413 SOUTH HOWARD AVENUE. SUITE 202 1413 SOUTH HOWARD AVENUE. SUITE 202 TAMPA FL 33606-3176 TAMPA FL 33606-3176 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/1998 2. Principal Place of Business Mailing Address 4. FEI Number 2a. 4015 S. WESTSHUTE Blud 4015 5 WESTSHORE Blud 59-347 7900 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required SUITE SUITE City & State City & State \$5.00 May Be 6. Election Campaign Financing\_ TAMPA Added to Fees てみんりみ Trust Fund Contribution 23 28 Country USA 8. This corporation owes the current year Intangible Country 36(1 USA 336(( 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GORDON, GREGG MICHAEL Street Address (P.O. Box Number is Not Acceptable) 82 432 39TH AVENUE NE ST. PETERSBURG FL 33704 83 85 Zip Code City

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.

GREGG M. Gozdon RESIDEAT SIGNATURE tered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Addition ☐ Change ☐ DELETE 1.1 TITLE PRESIDENT GREGG M. Gordon 432 39th Ave nt NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS 33703 ST. PETERSBURG, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE VICE PRESIDENT TITLE STEVEN A SMITH 2.2 NAME NAME 6230 COTTONWOOD PRIVE 2.3 STREET ADDRESS STREET ADDRESS 22/02 MCLEAN, UA 2. 4 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 shanged, of on agratiant ment with an address, with all other like empowered.

SIGNATURE:

Gregg MEGado

FILED Feb 27, 1999 8:00 am

**Secretary of State** 

02-27-1999 90099 013 \*\*\*150.00

CR2E034 (11/98)

Applied For

Not Applicable

PNO