Applied For

Not Applicable

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

Post Office Box 271448

DOCUMENT # P98000059859

1. Corporation Name

PRIORITY DEVELOPERS, INC.

Principal Place of Business
13518 WESTSHIRE DRIVE
TAMPA FL 33618

2. Principal Place of Business

Mailing Address

TAMPA FL 33618

2a. Mailing Address

13518 WESTSHIRE DRIVE

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90134 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

07/07/1998

59-3523076

4. FEI Number

Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	II.	
City & State		27 City & State			6 Floring Compaign Financing	\$5.00 ·	Lau Ba	
City & State		- · · - · - · - · - · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution	sing \$5.00 May Be Added to Fees			
			Country	<u> </u>	This corporation owes the current year.			
24	25 29 33688-1448 ₃₀ US				Personal Property Tax.		□No	
Name and Address of Current Registered Agent					10. Name and Address of New Regist	ered Agent		
			81	Name				
STRECK, FRED C			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
13518 WESTSHIRE DRIVE			[
TAMPA FL 33618								
		/	84	City		85 Zip C	ode	
:		7		'		FL '		
11. Pursuant to the provisions of Sections of Sections of O502 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 a Statute 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 Frederic C. Streck 1/14/99								
SIGNATURE Signature, typed sonted name of egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OPERATOR OF THE OPERATO								
12.	FFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE [☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME S	Streck, fred C		1.2 NAME				į	
STREET ADDRESS 1	ADEAD MEDITOL ODE DODGE		1.3 STREE	TADDRESS			ļ	
CITY+ST-ZIP T	TAMPA FL 33618 1.4		1.4 CITY-S	T-ZIP _				
TITLE			2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP _				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS			Ì	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
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CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE]		☐ Change	Addition	
NAME			52 NAME	1				
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CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE	[☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS			j	
CITY-ST-ZIP			6.4 CITY-5		Section 440 07/23/1) Florido Statutas I fuel			

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 informatic 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 reserve 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 examination and address, with all other like empowered.

SIGNATURE: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

(813) 269-0551