

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90062 037 ***150.00

DOCUMENT # P98000077603

1. Corporation Name

PROVIDENCE DEVELOPMENT OF TAMPA, INC.



Principal Place of Business

14502 N. DALE MABRY
SUITE 300
TAMPA FL 33618

Mailing Address

14502 N. DALE MABRY
SUITE 300
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1998

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

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

2. Principal Place of Business

21 8001 N DALE MABRY

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101A

Suite, Apt. #, etc.

27 City & State

City & State

23 Tampa FL

City & State

28 Zip

Zip

24 33624

Country

25 Hills

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**PHILLIPS, GEORGE W
14502 N. DALE MABRY
SUITE 300
TAMPA FL 33618**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILLIPS, GEORGE W
14502 N. DALE MABRY, SUITE 300
TAMPA FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Scribbled out] N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Scribbled out] N/A

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
[Scribbled out]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Scribbled out]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**P/C/M/TR
TERRY E Chastan JR
16201 W Course Dr
Tampa FL 33624**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**VP
MARK Thomas
2413 Durand OAKS Dr
Valrico FL 33594**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**T
DENISE L Shultz
16201 W Course Dr
Tampa FL 33624**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**S
Connie Thomas
2613 Durand OAK Dr
Valrico FL 33594**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**S
MELAYNA N Chastan
16201 W Course Dr
Tampa FL 33624**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[Scribbled out]

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 #

TERRY E Chastan JR 28 Apr 99 813-598 9460

CR2E034 (1/98)