FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 395749

Principal Place of Business

VINELAND DEVELOPMENT CORPORATION

1771 EXECUTIV WINTER HAVEN US		P.O. BOX 1981 Winter Haven FL 33883 US		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed 02/11/1972			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-1389890	_ 		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- 1- 1-	** . *	5. Certifcate of Status Desired			Additional
	·	27						Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	Zip	Country		This corporation owes the curre Personal Property Tax.		ngible	□No
24	9. Name and Address of Curren	29 30			10. Name and Address of New Re			
	9. Name and Address of Curren	Registered Agent	81	Name	To: Name and Address of Note Ad	<u> </u>		
MILL	er.robert e							
	EXECUTIVE ROAD	82 Street Add		dress (P.O. Box Number is Not Acceptable)				
	TER HAVEN FL 33884		83					- -
							7.51 =	
			84	City		FL	85 Zip	p Code
SIGNATURE	Signature, typed or printed name of registered ager		stered Ager	t signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECT	
12.	PD OFFICERS AN	0 0 11 12 0 1 0 1 10	1.1 TITLE		ADDITIONOG INANGEO TO GIV	1021107111	Change	
TITLE NAME	MILLER, ROBERT E		1.2 NAME					
STREET ADDRESS	1771 EXECUTIVE ROAD]		ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-S	1				
TITLE	D		2.1,TITLE =				Change	e
NAME	MILLER.GAY R		2.2 NAME	1			÷	
.STREET ADDRESS	1771 EXECUTIVE ROAD	the state of the s	2.3 STREET	ADDRESS				-
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-5	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE		•		Change	e 🔲 Addition
NAME			3.2 NAME					
STREET ADDRESS		ľ	3.3 STREE	TADDRESS	•			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			Change	e
TITLE .			4.1 TITLE	}	•			≥ L] Addingu
NAME			4. 2 NAME	- 4000566	•			
STREET ADDRESS	,			T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S 5.1 TITLE	1-2110			Change	e 🔲 Addition
NAME	,	· -	5.2 NAME					_
STREET ADDRESS				T ADDRESS	3			
CITY-ST-ZIP	:		5.4 CITY-S	T- ZIP				
TITLE		(DELETE	6.1 TITLE				Change	e 🔲 Addition
NAME			6.2 NAME		•			
STREET ADDRESS		1	6.3 STREE	TADDRESS				

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

3-23-99

941-324-6591

FILED

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90020 002 ***150.00