

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 506005 (8)
1. Corporation Name
CONCEPT DEVELOPMENT CO., INC. OF MARTIN COUNTY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
C/O WATKINS 4075 JIB LANE STUART FL 34997		C/O WATKINS 4075 JIB LANE STUART FL 34997		06/28/1976	06/28/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21	26	59-1678657	Not Applicable		
Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		[X] Yes		[] No	
City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		Trust Fund Contribution		[] Yes [] No	
Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		[] Yes [] No	
24	25	29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
WATKINS, CHARLES S. 4075 JIB LANE STUART FL 33497				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[] Change [] Addition
NAME	PRICE, JEFFREY W.	1.2 NAME	
STREET ADDRESS	2430 LAKERIDGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	STV	2.1 TITLE	[] Change [] Addition
NAME	WATKINS, CHARLES	2.2 NAME	
STREET ADDRESS	4075 JIB LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 13 or both if changed, or on an attachment with an addendum.

SIGNATURE: Charles S. Watkins Sr. Secretary, Treasurer 1/20/95 (407) 285-1613
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)