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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

SOUTH WALTON DEVELOPMENT COMPANY, INC.

Principal Place of Business				Mailing Address					) institutionali ontan interiorismi sustantion aluti diusti diusti diusti diusti diusti diusti diusti 1966;	
FOUR MILE VILLAGE				FOUR MILE VILLAGE						
PO BOX 1217 SANTA ROSA BCH FL 32459				PO BOX 1217 SANTA ROSA BCH FL 32459					DO NOT WRITE IN THIS SPACE	
5.44.74 (1.55.47 p. 5.47 p. 5.				5					3. Date incorporated or Qualified	
									11/17/1982	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For	
21				26					<b>59-2541983</b> Not Applicable	
Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	
City & State				City & State				<del></del>	Fee Required	
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country			1	Zip Country			,		8. This corporation owes or has paid the current year Intangible	
24			29						Personal Property Tax due June 30. Yes No	
	9. Name a	ered Agent					10. Name and Address of New Registered Agent			
FELKER, CHARLES WILLIAM, SR.						81	war	lame		
245 TWISTED PINE TRAIL SANTA ROSA BEACH FL 32459							Stre	et Addre	ss (P.O. Box Number is Not Acceptable)	
SANTA RUSA BEACH FL 32459										
							City		85   Zip Code	
			84			FL     '				
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.										
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Clanatura tunad o	r printed name of registered agent	and title i	t applicable (NO	TE Beelsto	rod Ago	nt class	ti sa sasukas	d when reinstating) DATE	
12.	Signature, typeo o	OFFICERS AND			13		an adh	KOLO LECTOR DC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P			DELETE	1.1	TITLE			Change Addition	
NAME	FELKER, CHARLES W SR				1.2 NA			İ		
STREET ADDRESS 4 MILE VILLAGE				1.3 ST			ADDRES	ss		
C(TY-ST-ZIP							T-ZIP			
TITLE	ST			☐ DELETE		TITLE			☐ Change ☐ Addition	
NAME					I	NAME				
STREET ADDRESS 4 MILE VILLAGE							ADDRES	SS		
CITY-ST-ZIP TITLE	SANTA ROSA BCH, FL 00000			☐ DELETE		CITY - S	ST-ZIP		Change Addition	
NAME						NAME			Orange Adultion	
STREET ADDRESS						name Street	4DDBC0	:		
CITY - ST - ZIP						CITY-S		~		
TITLE				DELETE		TITLE	· · · · LIF		☐ Change ☐ Addition	
NAME				_	4.2	NAME				
STREET ADORESS						STREET	ADDRES	ss		
CITY-ST-ZIP					4.4	CITY-S	T-ZIP			
TITLE				☐ DELETE	_	TITLE			Change Addition	
NAME					5.2	NAME				
STREET ADDRESS					5.3	STREET	ADDRES	is		
CITY-ST-ZIP					5.4	CITY-S	T-ZIP			
TITLE				DELETE	6,1	TITLE			Change Addition	
NAME					6.2	NAME				
STREET ADDRESS				6.3	6.3 STREET ADDRESS			į		
1 CUTY OT 71D							710	1		

14. I hereby certify that the information supplied with this filling 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. SIGNATURE:

**FILED** 

Jan 23 1998 8:00am

Secretary of State