FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19986** **(3)**

1. Corporate Name
SOLO DEVELOPMENT CORPORATION

Principal Place of Business
P.O. BOX 568821 (328568821)
908 S. DELANEY AVE
ORLANDO FL 32806-1275
US

Mailing Address
P.O. BOX 568821 (328568821)
908 S. DELANEY AVE
ORLANDO FL 32856-8821
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1989
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2977457 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 County 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

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 has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CARTER, MAURY L.
908 S. DELANEY AVE
ORLANDO FL 32806

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DVPA
NAME	POITRAS, JAMES W.
STREET ADDRESS	198 HIGHLAND ST
CITY-ST-ZIP	HOLLISTON MA
TITLE	DT
NAME	POITRAS, PATRICIA T.
STREET ADDRESS	198 HIGHLAND ST
CITY-ST-ZIP	HOLLISTON MA
TITLE	DVP
NAME	POITRAS, EDWARD W.
STREET ADDRESS	27 B. MOORE RD
CITY-ST-ZIP	HAINES CITY FL
TITLE	DVP
NAME	POITRAS, KAY G
STREET ADDRESS	27 B. MOORE RD
CITY-ST-ZIP	HAINES CITY FL
TITLE	DPAT
NAME	CARTER, MAURY L.
STREET ADDRESS	908 S. DELANEY AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	DAT
NAME	CARTER, DARYL M.
STREET ADDRESS	908 S. DELANEY AVE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	D/VP/AT	☐ Change ☒ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
3 TITLE		☐ Change ☐ Addition
4 TITLE		☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daryl M. Carter, Director/Asst Treasurer

Apr 25 95 (Date)
407/422-3144 (Daytime Phone #)

0068726 CP

L19986

Additional Sheet

CORPORATE ANNUAL REPORT

1995

SOLO Development Corporation

13. Additions/Changes to Offices and Directors in 12:

No.	Description	Information	___Change	x Addition
7.1	Title	S		
7.2	Name	Wray, Pamela L.		
7.3	Street Address	908 S Delaney Ave		
7.4	City-St-Zip	Orlando FL 32806-1275		