

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

182

DOCUMENT # L19986 (3)

1. Corporation Name

SOLO DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
09/29/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59-2977457

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, MAURY L.
908 S. DELANEY AVE
ORLANDO FL 32806

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/VP
NAME POITRAS, JAMES W.
STREET ADDRESS 198 HIGHLAND ST
CITY-ST-ZIP HOLLISTON MA ☐ DELETE

1.1 TITLE D/VP/AT
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☒ Addition

TITLE DT
NAME POITRAS, PATRICIA T.
STREET ADDRESS 198 HIGHLAND ST
CITY-ST-ZIP HOLLISTON MA ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME POITRAS, EDWARD W.
STREET ADDRESS 27 B. MOORE RD
CITY-ST-ZIP HAINES CITY FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP
NAME POITRAS, KAY G
STREET ADDRESS 27 B. MOORE RD
CITY-ST-ZIP HAINES CITY FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DPAT
NAME CARTER, MAURY L.
STREET ADDRESS 908 S. DELANEY AVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DAT
NAME CARTER, DARYL M.
STREET ADDRESS 908 S. DELANEY AVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16 96

407/422-3144

Date

Daytime Phone #

CR2E034 (12/95)

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Additional Sheet

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CORPORATE ANNUAL REPORT

1996

SOLO DEVELOPMENT CORPORATION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

<u>No.</u>	<u>Description</u>	<u>Information</u>	<u>Change</u>	<u>x Addition</u>
7.1	TITLE	S		
7.2	NAME	Wray, Pamela L.		
7.3	ADDRESS	908 S Delaney Ave		
7.4	CITY-ST-ZIP	Orlando FL 32806-1275		
