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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L19986** (3)

1. Corporation Name
SOLO DEVELOPMENT CORPORATION

Principal Place of Business
**P.O. BOX 588621 (328568621)
908 S. DELANEY AVE
ORLANDO FL 32806-1275
US**

Mailing Address
**P.O. BOX 588621 (328568621)
908 S. DELANEY AVE
ORLANDO FL 32856-8621
US**

3. Date Incorporated or Qualified
09/29/1989

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

**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

Signature, type and print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
11	POITRAS, JAMES W.	198 HIGHLAND ST	HOLLISTON MA	☐
12	POITRAS, PATRICIA T.	198 HIGHLAND ST	HOLLISTON MA	☐
13	POITRAS, EDWARD W.	27 B. MOORE RD	HAINES CITY FL	☐
14	POITRAS, KAY G	27 B. MOORE RD	HAINES CITY FL	☐
15	CARTER, MAURY L.	908 S. DELANEY AVE	ORLANDO FL	☐
16	CARTER, DARYL M.	908 S. DELANEY AVE	ORLANDO FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change	Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl M. Carter, Director/Asst Treasurer

Mar 18 97

Date

407/422-3144

Daytime Phone #

0000000

CR2E034 (9/96)