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Secretary of State

PROFIT
~~CORPORATION~~
ANNUAL REPORT
1998

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	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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1989

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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
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	DVAT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POITRAS, JAMES W.		1.2 NAME		
STREET ADDRESS	198 HIGHLAND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLISTON MA		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POITRAS, PATRICIA T.		2.2 NAME		
STREET ADDRESS	198 HIGHLAND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLISTON MA		2.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POITRAS, EDWARD W.		3.2 NAME		
STREET ADDRESS	27 B. MOORE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	POITRAS, KAY G		4.2 NAME		
STREET ADDRESS	27 B. MOORE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP		
TITLE	DPAT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, MAURY L.		5.2 NAME		
STREET ADDRESS	908 S. DELANEY AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	DAT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, DARYL M.		6.2 NAME		
STREET ADDRESS	908 S. DELANEY AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: X _____ Mar 27 98 407/422-3144

PROFIT CORPORATION ANNUAL REPORT

1998

SOLO DEVELOPMENT CORPORATION

(Note: The following officers/directors were omitted from the 1998 Annual Report

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

No	Description	Information	Status: Addition
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	