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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90071 014 ***150.00

DOCUMENT # L38468 1. Corporation Name STARBOARD DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 1342 COLONIAL BLVD PO BOX 1662 STE F-42 FT. MYERS FL 33902 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33907 3. Date Incorporated or Qualified 12/20/1989 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0186263 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcaté of Status Desired П Fee Required 22 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes the current year Intangible 25 30 ☐ Yes ΠNo 24 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KINSEY, JAMES E., JR. Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD F-42 STE 104 83 FT MYERS FL 33907 84 City 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) (90/11/-/30/108) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE NAME KINSEY, JAMES E JR. 1.2 NAME STREET ADDRESS 1335 CURRIER CIRCLE 1,3 STREET ADDRESS FT. MYERS FL 14 CITY-ST-ZIP CITY-ST-ZIP TITLE □ DELETE 2.1 TITLE ☐ Change [Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY-ST-ZIP CiTY-ST-ZIP □ DELETE ☐ Change ☐ Addition TILE 4.1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE □ DELETE TITLE ☐ Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Kinsey, Jr.

4-1-9 Date 941-93⁹⁻1367