## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # L91828**

1. Corporation Name

FLORIDAY'S DEVELOPMENT CO.

Principal Place	of Business	Mailing Address							
3700 S. TAMIAN	II TRAIL	P.O. BOX 15592							
SUTIE 230		SARASOTA FL 34277				DO NOT WRITE IN THIS SPACE			
SARASOTA FL 34239 US		US				3. Date Incorporated or Qualifed			
00						07/27/1990			
2 Principal DI	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
	ace of business	26				59-3140330	-	<del></del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8	.75 A	dditional
22		27				5. Certifcate of Status Desired	F	ee Red	quired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	A	ded to	Fees
Zip	Country	Zip Country				8. This corporation owes the current year Int			
24	25	29	30			Personal Property Tax.	☐ Ye	s	□No
	9. Name and Address of Curre	nt Registered Agent		- 4		10. Name and Address of New Registered	Agent		
BAATRA MAMA A				B1	Name				
	ERS, ANGUS C.		1	82	Street Add	ress (P.O. Box Number is Not Acceptable)			
	S. TAMIAMI TRAIL		ļ_	_					
230		1	83						
SAH	ASOTA FL 34239		1	84	City		85	Zip C	ode
						poration submits this statement for the purpose of	<u>-                                     </u>		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Stat n familiar with, and accept the oblig	pations of, Section 607.0505, Flor	nda Statui	es.	•	ion's board of directors. I hereby accept the appoint			
·	Signature, typed or printed name of registered ag			gent	signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIB	ECTO	DC IN 12
12.		ND DIRECTORS	13. 1.1 TITL			ADDITIONS/CHANGES TO OFFICERS AT			Addition
TITLE	DPV	□ DELLIC						3-	_
NAME	ROGERS, ANGUS C.	r= 000	1.2 NAM		1000000				
STREET ADDRESS	3700 S. TAMIAMI TRAIL, SUIT	E 230			ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34239 ST	☐ DELETE	1.4 CIT) 2.1 TITL		-ZIP		ПС	ange	Addition
TITLE	•	□ officie	2.1 IIIC						_
NAME	ROGERS, ANGUS C. 3700 S. TAMIAMI TRAIL, SUIT	E 220			ADDRESS				
STREET ADDRESS	SARASOTA FL 34239	L 200	2.4 CIT		j				
CITY-ST-ZIP TITLE	OANAGOTA 1 E 04209	☐ DELETE	3.1 TITL		1* 231		C	nange	☐ Addition
NAME			3.2 NAM		Î				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CIT						
TITLE			4.1 TITL				□ CI	nange	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	r-ZIP	<u></u>			
TITLE		☐ DELETE	5.1 TITL	Æ			□ c	nange	☐ Addition
NAME			5.2 NAM	Æ					
STREET ADDRESS			5.3 STR	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT		I-ZIP				
T/TLE		☐ DELETE	6.1 TITL				□ CI	iange	Addition
NAME			6 2 NAM	Æ.					

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 conforation 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 chapted, or on an attachment with an address with all other like empowered.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90143 025 \*\*\*158.75