

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

CORPORATION ANNUAL REPORT 1995

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



FILED

95 JUL -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F93000002046 (1)**
1. Corporation Name
ARQUETTE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address
6201 THOMAS DR STE 1604 PANAMA CITY BCH FL 32408 US
PO BOX 18349 PANAMA CITY BCH FL 32417-8349 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **8204 GRAND PALM BLVD** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
PANAMA CITY BEACH, FL 28
Zip Country Zip Country
24 **32408** 25 **U.S.A.** 29 30

3. Date Incorporated or Qualified **04/23/1993** 3a. Date of Last Report **04/07/1994**
4. FEI Number **93-0921506** 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
**THOMPSON, BONNI P.
6201 THMAS DR
STE 1604
PANAMA CITY BCH FL 32408**

10. Name and Address of New Registered Agent
81 Name **BONNI P. THOMPSON**
82 Street Address (P.O. Box Number is Not Acceptable) **8204 GRAND PALM BLVD.**
83
84 City **PANAMA CITY BEACH** FL 85 **32408**

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 **06/28/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DCVP
NAME	THOMPSON, BONNI P
STREET ADDRESS	6201 THOMAS DR #1604
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	DVCP
NAME	JOLIVETTE, STEVEN L
STREET ADDRESS	6201 THOMAS DR
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	ST
NAME	THOMPSON, BONNI P
STREET ADDRESS	6201 THOMAS DR
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DCVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMPSON, BONNI P.
1.3 STREET ADDRESS	8204 GRAND PALM BLVD.
1.4 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32408
2.1 TITLE	DVCP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOLIVETTE, STEVEN L.
2.3 STREET ADDRESS	8204 GRAND PALM BLVD.
2.4 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32408
3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THOMPSON, BONNI P.
3.3 STREET ADDRESS	8204 GRAND PALM BLVD.
3.4 CITY - ST - ZIP	PANAMA CITY BEACH, FL 32408
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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: *Bonni P. Thompson* **BONNI P. THOMPSON** 06/28/95 (904) 233-0870
Signature, typed or printed name of signing officer or director Date Telephone #