

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000005519

1. Corporation Name

C & S DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

1-10-95

N/A

2. Principal Place of Business

2a. Mailing Address

21 Milton, Florida

26

4. FEI Number

Applied For

58-1346626

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5208 Crystal Creek Dr.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Pace, Florida

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32571

25 Santa Rosa

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jack L. Conklin
5325 Crystal Creek Drive
Pace, Florida 32571

81 Name

Michael P. Saba

82 Street Address (P.O. Box Number is Not Acceptable)

5208 Crystal Creek Drive

83

84 City Pace

FL

85 Zip Code 32571

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 1996, 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V/S/T <input checked="" type="checkbox"/> DELETE
NAME	Jack L. Conklin
STREET ADDRESS	5325 Crystal Creek Drive
CITY-ST-ZIP	Pace, Florida 32571
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Alice Jayne Saba
13 STREET ADDRESS	5208 Crvstal Creek Drive
14 CITY-ST-ZIP	Pace, Florida 32571
21 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael P. Saba
23 STREET ADDRESS	5208 Crystal Creek Drive
24 CITY-ST-ZIP	Pace, Florida 32571
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	300001800573
44 CITY-ST-ZIP	-04/30/96--01017--001
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	***208.75
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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; that I am 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

April 22, 1996 (904)994-2022

Date

Daytime Phone #

CR2E034 (12/95)