

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

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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90046 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000101116
 1. Corporation Name
MINORCAN DEVELOPMENT, INC.

Principal Place of Business 5041 DORMAN PLACE CALLAHAN FL 32011	Mailing Address 5041 DORMAN PLACE CALLAHAN FL 32011
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1998		4. FEI Number 59-3547110		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 5041 DORMAN PLACE Suite, Apt. #, etc.	2a. Mailing Address 26 5041 DORMAN PLACE Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22 CALLAHAN FL City & State	27 CALLAHAN FL City & State	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23 CALLAHAN FL Zip Country	28 CALLAHAN FL Zip Country			
24 32011 25 NASSAU	29 32011 30 NASSAU			

9. Name and Address of Current Registered Agent
MIZELL, JEAN H
5041 DORMAN PLACE
CALLAHAN FL 32011

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

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	JEAN H. MIZELL
STREET ADDRESS	5041 DORMAN PLACE
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	WALKER DORMAN MIZELL
STREET ADDRESS	5041 DORMAN PLACE
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	CLYDE JULIAN MIZELL
STREET ADDRESS	P.O. DRAWER 5011
CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	LARRY STEPHEN MIZELL
STREET ADDRESS	1765 HODGES ROAD
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	MICHAEL DAVID MIZELL
STREET ADDRESS	1888 HODGES ROAD
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	WALTER SCOTT MIZELL
STREET ADDRESS	6666 DORMAN PLACE
CITY-ST-ZIP	CALLAHAN FL 32011

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Jean H. Mizell **SIGNATURE REQUIRED** 3/16/99 904/879-3727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)