

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90326 028 ***150.00

DOCUMENT # P98000101116

1. Entity Name
MINORCAN DEVELOPMENT, INC.

Principal Place of Business 5041 DORMAN PLACE CALLAHAN FL 32011	Mailing Address 5041 DORMAN PLACE CALLAHAN FL 32011-3803
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3547110** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ DATE _____
Signature; typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	MIZELL, JEAN H	
STREET ADDRESS	5041 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	V	
NAME	MIZELL, WALKER D	
STREET ADDRESS	5041 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	
NAME	MIZELL, CLYDE J	
STREET ADDRESS	P.O. DRAWER 5011	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	
NAME	MIZELL, LARRY S	
STREET ADDRESS	1765 HODGES ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	
NAME	MIZELL, MICHAEL D	
STREET ADDRESS	1880 HODGES ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	
NAME	MIZELL, WALTER S	
STREET ADDRESS	5066 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN FL 32011	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)