## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P EDDINGER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P00000012593 Entity Name: A.C.T. DEVELOPMENT, INC.

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

520 CRAWFORDVILLE HWY CRAWFORDVILLE. FL 32327

### **Current Mailing Address:**

**520 CRAWFORDVILLE HWY** CRAWFORDVILLE. FL 32327

#### FEI Number: 59-3638795

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

EDDINGER, THOMAS P 520 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US

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:

Officer/Director Detail :			
Title	PRESIDENT	Title	VP
Name	EDDINGER, THOMAS P	Name	HAVELOS, HARRY
Address	520 CRAWFORDVILLE HWY	Address	C/0 520 CRAWFORDVILLE HWY.
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	CRAWFORDVILLE FL 32327

PRESIDENT

01/20/2020 Date

# FILED Jan 20, 2020 Secretary of State 0903014162CC

Certificate of Status Desired: No

Date