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 # **205397** **(3)**

1. Corporation Name
REELSTONE DEVELOPMENT CORPORATION

Principal Place of Business
C/O WHISPERING CREEK VILLAGE
2023 ST LUCIE BLVD.
FT PIERCE FL 34946

Mailing Address
C/O WHISPERING CREEK VILLAGE
2023 ST LUCIE BLVD.
FT PIERCE FL 34946

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 08/26/1957
3a. Date of Last Report: 04/17/1995
4. FEI Number: 59-0815557 ☐ 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
MOSHER,SHARON KAY
4026 GREEMWOOD DRIVE
FORT PIERCE FL 34982

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 ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MOORE, BETTY N	
STREET ADDRESS	1111 S INDIAN RIVER DR	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	ST	☐ DELETE
NAME	KARLSON ANNA JANE	
STREET ADDRESS	2023 ST LUCIE BLVD #285	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	D	☐ DELETE
NAME	YATES, JOSEPH W JR	
STREET ADDRESS	2815 SOUTH INDAIN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	☐ DELETE
NAME	YATES, CLAYTON	
STREET ADDRESS	1611 SOUTH INDIAN RIVER DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	☐ DELETE
NAME	MOSHER, SHARON K	
STREET ADDRESS	4026 GREENWOOD DRIVE	
CITY-ST-ZIP	FT PIERCE F	
TITLE	D	☐ DELETE
NAME	MOSHER, DALE T	
STREET ADDRESS	1755 CODY LANE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	34950	
2.1 TITLE	V/S/T	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	34946	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	34982	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	34950	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	34982	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	34945	

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 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: Sharon K. Mosher 1-25-96 407-461-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sharon K. Mosher

CR2E034 (12/95)