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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34946-8715



3. Date Incorporated or Qualified 08/26/1957
3a. Date of Last Report 02/06/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0815557		Applied For	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOSHER, SHARON KAY
4026 GREENWOOD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MOORE, BETTY N <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1111 S INDIAN RIVER DR	12 NAME	
STREET ADDRESS	FT. PIERCE FL	13 STREET ADDRESS	
CITY - ST - ZIP	VST	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	KARLSON ANNA JANE <input type="checkbox"/> DELETE	21 TITLE	
NAME	2023 ST LUCIE BLVD #285	22 NAME	
STREET ADDRESS	FT PIERCE, FL 00000	23 STREET ADDRESS	
CITY - ST - ZIP	D YATES, JOSEPH W JR <input type="checkbox"/> DELETE	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	2815 SOUTH INDIAN RIVER DRIVE	31 TITLE	
NAME	FT PIERCE FL	32 NAME	
STREET ADDRESS	D YATES, CLAYTON <input type="checkbox"/> DELETE	33 STREET ADDRESS	
CITY - ST - ZIP	1611 SOUTH INDIAN RIVER DRIVE	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	FT PIERCE FL	41 TITLE	
NAME	D MOSHER, SHARON K <input type="checkbox"/> DELETE	42 NAME	
STREET ADDRESS	4026 GREENWOOD DRIVE	43 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE F	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MOSHER, DALE T <input type="checkbox"/> DELETE	51 TITLE	
NAME	1755 CODY LANE	52 NAME	
STREET ADDRESS	FT PIERCE FL	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 included 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 Kay Mosher Sharon Kay Mosher 2-27-97 561-461-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (9/96)