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May 23 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 # 213984

(8)

1. Corporation Name

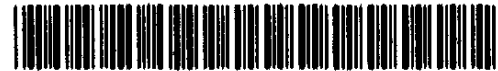
DEKALB DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

141 BOYNTON BLVD., #5
DAYTONA BCH FL 32118

141 BOYNTON BLVD., #5
DAYTONA BCH FL 32118-5144



3. Date Incorporated or Qualified

07/22/1958

3a. Date of Last Report

04/01/1996

4. FEI Number

59-6059536

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

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLOPSTEIN, LOEITA G
141 BOYNTON BLVD
DAYTONA BEACH FL 32018

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ST GULLETT, LANDIS
STREET ADDRESS 5113 BOXCROFT PLACE
CITY-ST-ZIP NASHVILLE, TN 00000

TITLE ☐ DELETE
NAME PD KLOPSTEIN, LOEITA G
STREET ADDRESS 141 BOYNTON BLVD
CITY-ST-ZIP DAYTONA BCH, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Loeita Klopstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-97

Date

(252) 0576

Daytime Phone #

CR2E034 (9/96)

KRAFTCPAs

Kraft Bros., Essman
Patton & Harrell

Certified Public Accountants

MEMO TO:

DeKalb Development

Enclosed is your:

____ Federal Income Tax Return - 1040
____ Declaration of Estimated Income Tax - Form 1040ES
____ Tennessee State Income Tax Return
____ 91 Annual Report ~~State Income Tax Return~~

The original of the return(s) should be signed, dated and mailed to:

Internal Revenue Service Center
Memphis, Tennessee 37501
on or before _____

____ Annual Reports
____ Department of Revenue
____ Nashville, Tennessee
____ Ballabassen FL
on or before earliest convenience

Amounts Due or Refundable

____ Income Tax Return \$ _____ ☒ State Income Tax \$ 550.00

____ Your estimated tax liability for the year will be as follows:

Est. Tax (1st Qtr. Pay.)	\$ _____	due on or before April 17, 1995
Est. Tax (2nd Qtr. Pay.)	\$ _____	due on or before June 15, 1995
Est. Tax (3rd Qtr. Pay.)	\$ _____	due on or before September 15, 1995
Est. Tax (4th Qtr. Pay.)	\$ _____	due on or before January 15, 1997

NOTE: The Internal Revenue Service will not bill you each quarter for your estimated tax payment. Each of these payments should be mailed to the Internal Revenue Service, P. O. Box 1219, Charlotte, NC 28201-1219, on or before the due date.

NOTE: A separate check should be issued for payment of tax due. Balance due and the first estimate payment should not be combined.

Joint returns should be signed by both husband and wife and dated in the space provided.

These returns have been prepared from information you provided to us. You have the final responsibility for your income tax returns and, therefore, should review them carefully before signing and mailing them.

Yours very truly,

Kraft Bros., Essman, Patton & Harrell
Certified Public Accountants

1200 Parkway Towers
404 James Robertson Parkway
Nashville, TN 37219-1598
(615) 242-7351 • FAX 256-1952