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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 344173

(0)

DEVELOPERS SERVICES INC

Principal Place of Business Mailing Address 537 EAST PARK AVENUE 537 EAST PARK AVENUE P.O. BOX 3106, 537 E. PARK AVE.. P.O. BOX 3106, 537 E. PARK AVE., TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-2524 3. Date Incorporated or Qualified 3a. Date of Last Report 04/07/1969 03/13/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-1234779 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERTOCH, CARL A. 537 E. PARK AVENUE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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, type due printe o name of registered agent and other it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE **X** Change 1.1 TITLE TITLE BERTOSH, MELISSA MAME 1.2 NAME BERTOCH, Melissa 537 EAST PARK AVENUE 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 1.4 CITY - ST - ZIP CITY: ST-209 DELETE Change ___ Addition PD 2.1 1/TLE TITLE BERTOCH, CARL A. 2.2 NAME MAME 537 E. PARK AVE. 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 2. 4 CITY-ST-ZIP CHY-SI-ZIE DELETE ☐ Change Addition 3.1 1ITLE Tillef NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-7IP CITY-ST-ZIF DELETE Change Addition Table 4.1 THILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP Cn Y-S1-7-2 Addition DELETE Change Tille 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP OTY- \$1 - 7.9 DELETE ☐ Change ___ Addition 6.1 TITLE TILE

14. I do hereby certify that the information supplied with this filling 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. 13 January 1997 904/222-

FILED

Jan 21 1997 8:00am

Secretary of State

(96/6)

SIGNATURE:

NAME STREET ACCORESS

CITY - \$1 - 7/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

63 STREET ADDRESS

6.4 CITY - ST-ZIP