

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **353355** (1)
1. Corporation Name
MISSION DEVELOPMENT COMPANY

93 MAY -1 AM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **POST OFFICE BOX 9726
31 W. 20TH ST.
RIVIERA BEACH FL 33404**

Mailing Address: **POST OFFICE BOX 9726
31 W. 20TH ST.
RIVIERA BEACH FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date of Organization (or latest): **10/06/1969** 3a. Date of Last Report: **05/01/1994**

4. FFI Number: **59-1363419** 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 Section 193.05, Florida Statutes: Yes No

2. Principal Place of Business: 2a. Mailing Address

21. State, Apt. #, etc.: 26. State, Apt. #, etc.

22. City & State: 27. City & State

23. County: 28. County

24. ZIP: 25. ZIP: 29. ZIP: 30. ZIP

9. Name and Address of Current Registered Agent

**LEWIS, PHILIP D
31 WEST 20TH ST
RIVIERA BEACH FL**

10. Name and Address of New Registered Agent

B1. Name: _____

B2. Street Address (P.O. Box Number is Not Acceptable): _____

B3. _____

B4. City: _____

B5. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.04(1) 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 this corporation's board of directors, thereby accept the appointment as registered agent. I am hereby withdrawing and accept the obligations of Section 607.0505, Florida Statutes.

SUBMITTED BY: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12a. NAME: **ASD KUHRTS, D M**

12b. STREET ADDRESS: **31 W 20TH ST**

12c. CITY: **RIVIERA BCH, FL 00000**

12d. NAME: **VSD LEWIS, MARY ELLEN**

12e. STREET ADDRESS: **31 W 20TH ST**

12f. CITY: **RIVIERA BCH, FL 00000**

12g. NAME: **PTD LEWIS, PHILIP D**

12h. STREET ADDRESS: **31 W 20TH ST**

12i. CITY: **RIVIERA BCH, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME: _____ Change Addition

13b. STREET ADDRESS: _____

13c. CITY: _____ Change Addition

13d. NAME: _____

13e. STREET ADDRESS: _____

13f. CITY: _____ Change Addition

13g. NAME: _____

13h. STREET ADDRESS: _____

13i. CITY: _____ Change Addition

13j. NAME: _____

13k. STREET ADDRESS: _____

13l. CITY: _____ Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the exemption stated in Section 193.05(1)(b), Florida Statutes. I further certify that the information furnished 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. I am an officer or director of the corporation or the registrar or trustee empowered to issue and file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13, if changed, on any attachment with an address.

SIGNATURE: *Philip D Lewis* PHILIP D LEWIS 4/26/95 (407) 944-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR