

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90012 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 388372

1. Corporation Name

COLONIAL DEVELOPERS, INC.

Principal Place of Business

% FRED THOMSON
3375 G CAPITAL CIR. NE
TALLAHASSEE FL 32308

Mailing Address

% FRED THOMSON
3375 G CAPITAL CIR. NE
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1971

4. FEI Number

59-1360445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THOMSON, W. FREDERICK
2921 WOODSIDE DRIVE
TALLAHASSEE FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVIS D	1.2 NAME	
STREET ADDRESS	2044 DOOMAR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, BROWARD	2.2 NAME	
STREET ADDRESS	4774 HIGHGROVE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, W. FREDERICK	3.2 NAME	
STREET ADDRESS	2921 WOODSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *W. Frederick Thomson* **SIGNATURE REQUIRED**

Aug. 17, 1999

(850) 385-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

388372
608056-9003-9

THOMSON BROCK CHERRY & COMPANY

**CERTIFIED PUBLIC ACCOUNTANTS
AND CONSULTANTS**

MEMBERS

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

DEERFIELD PROFESSIONAL CENTER
3375-G CAPITAL CIRCLE, N.E.
POST OFFICE BOX 13445
TALLAHASSEE, FLORIDA 32317-3445
TELEPHONE (850) 385-7444
FAX (850) 385-0602

W. FREDERICK THOMSON, C.P.A.
HAROLD A. BROCK, JR., C.P.A.
REDFORD A. CHERRY, C.P.A.
FRED C. LUGER, C.P.A.

MATTHEW R. HANSARD, C.P.A.
LINDA V. SIMPSON, C.P.A.
KELLY B. VAZQUEZ, C.P.A.

August 17, 1999

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

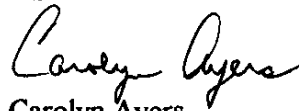
Re: Colonial Developers, Inc.
Document # 388372

Dear Sir:

We are in receipt of a 2nd Notice on the above referenced. Our records indicate that we mailed the 1st report with a check (#514) in the amount of \$150.00 to you office on March 10, 1999. After researching this matter I telephoned your office and spoke with Kathy who stated that your office had never received the report. She instructed me to file the 2nd notice report with a check in the amount of \$150.00 and ask that you waive the penalty due to the first report being lost.

Thank you in advance for your consideration in this matter and please feel free to call me should you have any questions.

Very truly yours,



Carolyn Ayers
Firm Administrator

Enclosure