

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

AND
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95 APR 27 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 412123

(2)

1. Corporation Name

OSCEOLA DEVCO, INC

Principal Place of Business

14480 S. HWY. 301
P.O. BOX 169
SUMMERFIELD FL 34492

Mailing Address

14480 S. HWY. 301
P.O. BOX 169
SUMMERFIELD FL 34492

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1972

3a. Date of Last Report

07/18/1994

4. FBI Number

59-1426877

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

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KELLY, CLARENCE
14480 S. HWY. 301
P.O. BOX 169
SUMMERFIELD FL 34492

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

Clarence E. Kelly P/S

(NOTE: Registered Agent signature required when reappointing)

4-24-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	KELLY, CLARENCE E.
STREET ADDRESS	14480 S. HWY. 301
CITY - ST - ZIP	SUMMERFIELD FL 34492
TITLE	V
NAME	BUSH, JACQUELINE, M
STREET ADDRESS	14480 S. HWY. 301
CITY - ST - ZIP	SUMMERFIELD FL 34492
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Clarence E. Kelly CLARENCE E. KELLY

4-24-95

904-347-0018

(Type or Print Name of Signing Officer or Director)

(Date)

(Typed Name)