

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **450551 (7)**
1. Corporation Name
MALLARD DEVELOPMENT CORPORATION



Principal Place of Business: 3635 HIGHWAY 92 EAST, P. O. BOX 1326, EATON PARK FL 33840
Mailing Address: 3635 HIGHWAY 92 EAST, P. O. BOX 1326, EATON PARK FL 33840

3. Date Incorporated or Qualified: 04/17/1974
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1614646
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
FEAR, CHRISTOPHER M
202 EAST WALNUT ST
LAKELAND FL 33801

10. Name and Address of New Registered Agent
B1 Name: Rita B. Kenyon
B2 Street Address (P.O. Box Number is Not Acceptable): 1014 Hunt Ave
B3
B4 City: Lakeland FL B5 Zip Code: 33801

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: *Rita B. Kenyon* Rita B. Kenyon 5/1/96
Signature, typed or printed name of registered agent or director (delete if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V TOWNSON, DAVID M.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1128 SANDPIPER CT	1.2 NAME	
STREET ADDRESS	LAKELAND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST KENYON, RITA B.	2.1 TITLE	S, T, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 HUNT AVE	2.2 NAME	
STREET ADDRESS	LAKELAND, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P TOWNSON, RONNIE N	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1128 SANDPIPER CT	3.2 NAME	
STREET ADDRESS	LAKELAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V KENYON, ROBERT P.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 HUNT AVENUE	4.2 NAME	
STREET ADDRESS	LAKELAND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D TOWNSON, RONNIE N	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1128 SANDPIPER CT	5.2 NAME	
STREET ADDRESS	LAKELAND FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: *Rita B. Kenyon* Rita B. Kenyon 5/1/96 941-665-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TIME PHONE #

CR2E034 (12/95)