

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90129 042 \*\*\*158.75

DOCUMENT # 454285

1. Corporation Name

MARKET DEVELOPMENT GROUP, INC.

Principal Place of Business

1764 SW ST. ANDREWS DR  
PALM CITY FL 34990  
US

Mailing Address

1764 SW ST. ANDREWS DR  
PALM CITY FL 34990  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1974

59-3433379

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

X No

2. Principal Place of Business

2980 ALTON DRIVE

2a. Mailing Address

2980 ALTON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

Zip

33706

Country

US

Zip

33706

Country

US

9. Name and Address of Current Registered Agent

SANDERS, TOM R.  
1764 SW ST. ANDREWS DR  
PALM CITY FL 34990

81. Name

SANDERS, ELIZABETH E.

82. Street Address

954 MONTROSE BLVD. N.

83.

84. City

ST. PETERSBURG

FL

85

33706

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:

Elizabeth E. Sanders

4/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE

NAME SANDERS, MARYANN  
STREET ADDRESS 1764 SW ST. ANDREWS DR  
CITY-ST-ZIP PALM CITY FL 34990

TITLE VD ☐ DELETE

NAME SANDERS, TOM  
STREET ADDRESS 1764 SW ST. ANDREWS DR  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

5. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SANDERS, MARYANN

X Change

□ Addition

1.2 NAME

1764 SW ST. ANDREWS DR.

1.3 STREET ADDRESS

PALM CITY, FL 34990

1.4 CITY-ST-ZIP

□ Change

□ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

PSTD

□ Change

X Addition

3.2 NAME

SANDERS, MARY RIVES

3.3 STREET ADDRESS

2980 ALTON DRIVE

3.4 CITY-ST-ZIP

ST. PETE BEACH, FL 33706

4.1 TITLE

CD

□ Change

X Addition

4.2 NAME

SANDERS, JR., C.W.

4.3 STREET ADDRESS

2980 ALTON DRIVE

4.4 CITY-ST-ZIP

ST. PETE BEACH, FL 33706

5.1 TITLE

SANDERS, ELIZABETH E.

□ Change

X Addition

5.2 NAME

954 MONTROSE BLVD. N.

5.3 STREET ADDRESS

ST. PETERSBURG, FL 33703

5.4 CITY-ST-ZIP

6.1 TITLE

□ Change

□ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

C.W. SANDERS, JR.

April 22, 1999 (727) 360 4353

Date

Typed Phone #

CR2E034 (11/98)