

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90150 008 ***150.00

DOCUMENT # 496364

1. Corporation Name

SUNTREE DEVELOPMENT COMPANY

Principal Place of Business

11001 EXECUTIVE CTR DR
LITTLE ROCK AR 72211
US

Mailing Address

11001 EXECUTIVE CTR DR
PO BOX 3375
LITTLE ROCK AR 72203
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1976

4. FEI Number

59-1650712

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8669 Commodity Circle

Suite, Apt. #, etc.

22 #200

City & State

23 Orlando, Florida

Zip

24 32819 25 USA

2a. Mailing Address

26 8669 Commodity Circle

Suite, Apt. #, etc.

27 #200

City & State

28 Orlando, Florida

Zip

29 32819 30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HOWETH, ROBERT W.	
STREET ADDRESS	11001 EXECUTIVE CTR DR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCCONNELL, JACK	
STREET ADDRESS	11001 EXECUTIVE CTR DR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, WILLIAM	
STREET ADDRESS	11001 EXECUTIVE CT DR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DUMENY, MARCEL J.	
STREET ADDRESS	11001 EXECUTIVE CENTER DR	
CITY-ST-ZIP	LITTLE ROCK AR	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howeth, Robert W.	
1.3 STREET ADDRESS	8669 Commodity Circle	
1.4 CITY-ST-ZIP	Orlando, Florida 32819	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McConnell, Jack	
2.3 STREET ADDRESS	8669 Commodity Circle	
2.4 CITY-ST-ZIP	Orlando, Florida 32819	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dumeny, Marcel J.	
4.3 STREET ADDRESS	8669 Commodity Circle	
4.4 CITY-ST-ZIP	Orlando, Florida 32819	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

Date

501-228-2700

Daytime Phone #

CR2E034 (11/98)