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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 506005

(8)

CONCEPT DEVELOPMENT CO., INC. OF MARTIN COUNTY

## FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O WATKINS C/O WATKINS 4075 JIB LANE 4075 JIB LANE STUART FL 34997 DO NOT WRITE IN THIS SPACE STUART FL 34997 Date Incorporated or Qualified 06/28/1976 FEi Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1678657 Not Applicable 26 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible V Yes ☐ Ño Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WATKINS, CHARLES S. 81 4075 JIB LANE Street Address (P.O. Box Number is Not Acceptable) STUART FL 33497 83 City Zip Code 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 termilar with, and adopt the obligations of Section 607.0505, Florida Statutes. UK. President SIGNATURE d when reinstating) har estices ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_ DELETE 1.1 TITLE Change ■ Addition TITLE PRICE, JEFFREY W. NAME 1.2 NAME 2430 LAKERIDGE DRIVE 1.3 STREET ADDRESS STREET AODRESS PALM CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE 2.1 TITLE WATKINS, CHARLES 2.2 NAME NAME 4075 JIB LANE 2.3 STREET ADDRESS STREET ADDRESS STUART, FL 00000 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change \_\_\_ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, byton an attachment with an address.