**PROFIT** CORPORATION ANNUAL REPORT

1999

DERBY WOODS DEVELOPMENT CO., INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-27-1999 90168 020 \*\*\*150.00

| <br> | 2.05 |
|------|------|

| Principal Place   | e of Business  | Mailing Address                       | - <del></del>                                 | T TORSON RESIDENTIAL DATE BOSTE TORSON DATE   | N Blutt kikit Atoli a | 18H 8H H H H H H       |  |
|---|--|---------------------------------------|---|---|-----------------------|------------------------|--|
| 431 OAK AYE. 2706 RUTGERS DRIVE P.O. BOX 2523 PANAMA CITY FL 32402 PANAMA CITY FL 32405       |  |                                       | DO NOT WRITE IN TH                            | IS SPACE  |                       |                        |  |
|   |  | US                                    |   | 3. Date Incorporated or Qualifed  |                       |                        |  |
|   |  |                                       |   | 05/31/1977  |                       |                        |  |
| L a`  | lace of Business                                     | 2a. Mailing Address                   | 7   | 4. FEI Number   | 1 1 ···               | lied For               |  |
| 21 27()6<br>Suite, Act.   |  | 26 7.0. Bux 253                       | 2   | 59-1774722  | \$8.75 A              | t Applicable           |  |
| 22  |  | 27                                    |   | 5. Certificate of Status Desired  | Fee Res               | quired                 |  |
| 23 ANITA  | na City Florida                                      | 28 PANAMA Crty                        | Florida                                       | 6. Election Campaign Financing  Trust Fund Contribution   | \$5.00<br>Added to    | ,                      |  |
| 24 3341   | OS 25 USA  | 29 3040 a 30                          | Country  USA                                  | This corporation owes the current year     Persor al Property Tax.                                  |                       | I⊒No                   |  |
|   | 9. Name and Address of Current                       | Registered Agent                      |   | 10. Name and Address of New Registere   | d Agent               |                        |  |
|   |  |                                       | 81 Name                                       |   |                       | 1                      |  |
|   | NS, B A  |                                       | 82 Street Acc                                 | dress (P.O. Box Number is Not Acceptable)   |                       |                        |  |
|   | RUTGERS DR<br>AMA CITY, FL                           |                                       |   |   | <del>_</del>          |                        |  |
| 3240  |  |                                       | 83  |   |                       |                        |  |
| 0210  | •  |                                       | 84 City                                       | F   | 85 Zip C              | Code                   |  |
| 11. Pursuant office or re   | to the provisions of Sections 607.0502               | 2 and 607.1508, Florida Statu es,     | the above-named cor<br>prized by the corporal | rporation submits this statement for the purpose tion's board of cirectors. I hereby accept the app | of changing its       | negistered<br>gistered |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                       |   |   |                       |                        |  |
| SIGNATURE   | Signature, typed or printed name of registered agent | t and title if anolizable /NOTI : Rec | gistered Agent signature requi                | red when reinstating) OATE  |                       |                        |  |
| 12.   | OFFICERS AND   | - <del> </del>                        | 13.   | ADDITIC NS/CHANGES TO OFFICERS  | AND DIRECTO           | FS IN 12               |  |
| TITLE   | STD  | ☐ DELETE                              | 1.1 TITLE                                     |   | ☐ Change              | Addition               |  |
| NAME  | EVANS, ANN   |                                       | 12 NAME                                       |   |                       |                        |  |
| STREET ADDRESS  | 2706 RUTGERS DR.                                     |                                       | 1 3 STREET ADDRESS                            |   |                       |                        |  |
| CITY-ST-ZIP   | PANAMA CITY, FL 00000                                |                                       | 1.4 CITY-ST-ZIP                               |   |                       |                        |  |
| TITLE   | PD   | ☐ DELETE                              | 2.1 TITLE                                     |   | ☐ Change              | ☐ Addition             |  |
| NAME  | EVANS, B A   |                                       | 22 NAME                                       |   |                       |                        |  |
| STREET ADDRES S   | 2706 RUTGERS DR                                      |                                       | 23 STREET ADDRESS                             |   |                       | 1                      |  |
| CITY-ST-ZIP   | PANAMA, FL 00000                                     |                                       | 2. 4 CITY-ST-ZIP                              |   |                       |                        |  |
| TITLE   | VD   | ☐ DELETE                              | 31 TITLE                                      |   | Change                | ☐ Addition             |  |
| NAME  | MOORE, JOE F.  |                                       | 3 2 NAME                                      |   |                       | 1                      |  |
| STREET ADDRESS  | 1200 W. BEACH DR.                                    |                                       | 33 STREET ADDRESS                             |   |                       |                        |  |
| CITY-ST-ZIP   | PANAMA CITY FL                                       |                                       | 34. CITY-ST-ZIP                               |   | ☐ Change              | ☐ Addition             |  |
| TITLE   |  | ☐ DELETE                              | 4.1 TITLE                                     |   | L Change              |                        |  |
| NAME  |  |                                       | 4. 2 NAME                                     |   |                       |                        |  |
| STREET ADDRESS  |  |                                       | 4.3 STREET ADDRESS                            |   |                       | }                      |  |
| CITY-ST-ZIP<br>TITLE  |  | DELETE                                | 4 4 CITY-ST-ZIP<br>51 TITLE                   |   | Change                | Addition               |  |
|   |  | _ OLLETE                              | 52 NAME                                       |   |                       |                        |  |
| NAME<br>STREET ADORES   |  |                                       | 5.3 STREET ADDRESS                            |   |                       |                        |  |
| STREET ADORES 3   |  |                                       | 54 CITY-ST-ZIP                                |   |                       |                        |  |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                              | 6.1 TITLE                                     |   | Change                | Addition               |  |
| NAME  |  | - <u>-</u>                            | 6.2 NAME                                      |   | - •                   |                        |  |
| STREET ADDRESS  |  |                                       | 63 STREET ADDRESS                             |   |                       |                        |  |
| OTHEET MODINES (  |  |                                       |   |   |                       |                        |  |

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 uncer path; 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 PF INTED NAME OF SIGNING OFFICER OR DIRECTOR