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

DOCUMENT # 567044

1. Corporation Name GUIDANCE DEVELOPMENT, INC. Principal Place of Business Mailing Address 132 SAINT LUCIE LANE 132 SAINT LUCIE LANE STUART FL 34994 STUART FL 34994 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/01/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1808252 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ENOT JR. GEORGE P. Street Address (P.O. Box Number is Not Acceptable) 132 SAINT LUCIE LANE STUART FL 34994 83 City Zip Code 85 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 tered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE ☐ Change ENOT JR, GEORGE P. NAME 1.2 NAME 132 ST. LUCIE LANE STREET ADDRESS 1.3 STREET ADDRESS STUART FL CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE VSD 2.1 TITLE Change ☐ Addition ENOT, MARLENE A. NAME 2.2 NAME 132 ST. LUCIE LANE STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 13 if changed, or on an attachment with appearers, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATUDE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

DELETE

2-1-99

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90024 036 ***150.00

(561) 335-2828

avtime Phone #

☐ Change

Addition

CR2E034 (11/98)