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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616007

(1)

AXTEL DEVELOPMENT CORPORATION

FILED Feb 04 1998 8:00am Secretary of State

Discipal Bloom & Durings						I IMMILIA MITAT LIBIN DINIK MAINI MANIK INBI BEGIL ALBIN BIBIL ALBIN MINIT MINI INDI
Principal Place of Business Mailing Address						
17 PALAFOX	ST .	P. O. BOX 12412				
#394		PENSACOLA 32 32582 US			DO NOT WRITE IN THIS SPACE	
PENSACOLA 32 32501 US		08			3. Date Incorporated or Qualified	
						04/01/1979
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1934845 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
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	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
WA	LTON, GARRETT W	0.4.50		81	Name	
31	w. Garden st. 17 S. Pala	1-0x Sr.	}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
STE	. 101 394			Street Addit		iso (i.e. box realisor to not recorpiasio)
	NSACOLA FL 32501		Ī	83		
				_		
				84	City	FL 85 Zip Code
11. Pursuant i	to the provisions of Sections 607.0502	and 607 1508, Florida Statule	es, the at	ove-	-named corpo	pration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	l Florida. Such change was a	authorized	d by	the corporation	on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Pic	mua Stati	utes.		
SIGNATURE	Signature, typod or printed name of registered agent	and title it applicable (NOT)	f · Rooistered	l Agen	n signature requirer	d when reinstating) DATE
12.	OFFICERS AND		13.	/ Agran	k algriziore require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TIT	ì.E	1	Change Addition
NAME	WALTON, GARRETT W		1.2 NA			
STREET ADDRESS	P. O. BOX 12412 N/A		l l		ADDRESS	
	PENSACOLA FL					
CITY-ST-ZIP TITLE	TEHORODYTE	☐ DELETE	1.4 C/I 2.1 T/IT		- 20*	Change Addition
NAME			2.2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		T priete	2. 4 CI		r- ZIP	, and the second
TITLE		☐ DELETE	3 1 TiT	LE		Change Addition
NAME			3.2 NA			
STREET ADDRESS			3.3 STI	REET A	ADDRES\$	
CITY-ST-ZIP			3.4. CI		r-ZiP	
TITLE		DELETE	4.1 117	LE		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STI	REET A	ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-\$1	- ZIP	
TITLE		☐ DELETE	5.1 111	LE		☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STF	REET A	ADDRESS	
CITY-ST-ZIP			5.4 CIT		1	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NA			the state of the s
1					DDBLCC	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-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 supplied 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 occupant 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.

1/22/01/08