

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **623497** (5)

1. Corporation Name

C.M. DARDEN REAL ESTATE AND CONSTRUCTION COMPANY, INC.

W00-5733

Principal Place of Business

Mailing Address

C/O DEAN F. MOSLEY
3717 CHIARA DR
TITUSVILLE FL 32796

C/O DEAN F. MOSLEY
3717 CHIARA DR
TITUSVILLE FL 32796

REINSTATEMENT

98-00

3. Date Incorporated or Qualified

05/17/1979

4. FEI Number

59-1637951

Applied **SP**
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

3420 Kirby Dr.
Suite, Apt. #, etc.

P.O. Box 1736
Suite, Apt. #, etc.

City & State
Titusville, FL

Zip **32796** Country **USA**

City & State
Titusville, FL

Zip **32781** Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSLEY, DEAN F.
2800 BISCAYNE BLVD.
EIGHTH FLOOR
MIAMI FL 33137

81 Name

Mosley, Dean F.
411 E. Robinson St.

83

84 City **Orlando**

FL

85 Zip Code **32801**

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

DEAN F. MOSLEY

March 8, 2000

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DARDEN, KATRINA C.	
STREET ADDRESS	3717 CHIARA DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DARDEN, PHYLLIS	
STREET ADDRESS	3717 CHIARA DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOSLEY, PAMELA D.	
STREET ADDRESS	345 HAMMOCK DUNES	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3420 Kirby Drive
1.4 CITY-ST-ZIP	Titusville, FL 32796
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3420 Kirby Drive
2.4 CITY-ST-ZIP	Titusville, FL 32796
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	200003181222--3
3.4 CITY-ST-ZIP	-03/23/00--01019--017
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	200003181222--3
4.4 CITY-ST-ZIP	-03/23/00--01019--018
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	*****8.75 *****8.75
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.

SIGNATURE:

KATRINA C. DARDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 5, 2000 321-269-2842

CR2E034 (5/98)