

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **647772** (3)

1. Corporation Name  
**LIVING DEVELOPMENTS, INC.**



Principal Place of Business: 18271 SW 95TH STREET, P.O. BOX 746, DUNNELLON FL 32630  
Mailing Address: 18271 SW 95TH STREET, P.O. BOX 746, DUNNELLON FL 32630

3. Date Incorporated or Qualified: 12/11/1979  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 59-1960382  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 606 S.W. 2nd Avenue, Suite, Apt. #, etc.: 22  
City & State: 23 Ocala, FL  
Zip: 24 34474, Country: 25 US  
2a. Mailing Address: 26 606 S.W. 2nd Avenue, Suite, Apt. #, etc.: 27  
City & State: 28 Ocala, FL  
Zip: 29 34474, Country: 30 US

9. Name and Address of Current Registered Agent: ROBERTS, EDGAR S., 606 S.W. 2ND AVE., Ocala FL 32671

10. Name and Address of New Registered Agent: 81 Name: TERRY S. ROBERTS  
82 Street Address (P.O. Box Number is Not Acceptable): 606 S.W. 2nd Avenue  
83  
84 City: Ocala, State: FL, Zip Code: 85 34474

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 607.0504, Florida Statutes.

SIGNATURE: *Terry S. Roberts* TERRY S. ROBERTS  
Signature of Registered Agent (If Not Applicable) (If Not Applicable) DATE: X 6-21-96

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTS, TERRY	
STREET ADDRESS	450 SW 210TH AVENUE	
CITY-STATE-ZIP	DUNNELLON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, MAMIE	
STREET ADDRESS	606 S.W. 2ND AVE	
CITY-STATE-ZIP	OCALA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, EDGAR S	
STREET ADDRESS	606 S W 2ND AVE	
CITY-STATE-ZIP	OCALA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERTS, KENNETH	
STREET ADDRESS	4041 S.E. 17 STREET	
CITY-STATE-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TERRY S. ROBERTS	
13 STREET ADDRESS	606 S.W. 2nd Avenue	
14 CITY-STATE-ZIP	Ocala, FL 34474	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KENNETH E. ROBERTS	
43 STREET ADDRESS	4041 S.E. 17th Street	
44 CITY-STATE-ZIP	Ocala, FL 34471	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Terry S. Roberts* TERRY S. ROBERTS  
Signature and Typed or Printed Name of Signing Officer or Director DATE: X 6-21-96 (352) 622-4141

CR2E034 (12/95)