

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

FILED

May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 673543 (5)
1. Corporation Name
TWENTY-ONE DEVELOPMENT COMPANY

Principal Place of Business
5826 HIGHWAY 21
KEYSTONE HEIGHTS FL 32656
US

Mailing Address
P.O. BOX 325
KEYSTONE HEIGHTS FL 32656
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 23 S. Green St. Suite, Apt. #, etc. 22 Green Cove, Springs, FL City & State 23 Zip 24 32043 Country 25 U.S.A.		2a. Mailing Address 26 P.O. Box 508 Suite, Apt. #, etc. 27 Keystone Heights, FL City & State 28 Zip 29 32656 Country 30 U.S.A.		3. Date Incorporated or Qualified 06/09/1980 4. FEI Number 59-2024621 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

VALLDEJULI, JORGE M.
SR 21 AND 315
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name Norma V. Martin
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 508
83
84 City Keystone Heights
85 Zip Code FL 32656

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 Norma V. Martin (Norma V. Martin) Personal Representative 4/30/98
(Signature typed or printed in block of capital letters and initials is acceptable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Personal Representative
NAME	VALLDEJULI, JORGE	1.2 NAME	Norma V. Martin
STREET ADDRESS	SR 21 AND 315	1.3 STREET ADDRESS	770 S. Lawrence Blvd.
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	1.4 CITY-ST-ZIP	Keystone Heights, FL 32656
TITLE	Norma V. Martin	2.1 TITLE	
NAME	Norma V. Martin	2.2 NAME	
STREET ADDRESS	770 S. Lawrence Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Keystone Heights, FL 32656	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Norma V. Martin (Norma V. Martin) Personal Representative 4/30/98

CR2E034 (10/97)