

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

FILED
May 05 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 # 693598 (5)

1. Corporation Name
301 DEVELOPMENT CORPORATION



Principal Place of Business 820 NE 120TH PLACE P.O. BOX 4709 OCALA FL 34478	Mailing Address 820 NE 120TH PLACE P.O. BOX 4709 OCALA FL 34478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14303 N. MAGNOLIA AVE	2a. Mailing Address 26 P.O. Box 729
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CITRA, FL	28 City & State SPARL, FL
24 Zip 32113	25 Country US
29 Zip 32192	30 Country US

3. Date Incorporated or Qualified 07/08/1981	
4. FEI Number 59-2265306	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHIOTA, THOMAS A
820 N E 120TH PLACE
P.O. BOX 4709
OCALA FL 34478

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CASSE, NORMAN E
STREET ADDRESS	14303 N MAGNOLIA AVE
CITY-ST-ZIP	CITRA FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	CHIOTA, THOMAS A
STREET ADDRESS	820 N E 120TH PL
CITY-ST-ZIP	OCALA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHMIDT, HILMER C
STREET ADDRESS	1101 NW 117TH ST.
CITY-ST-ZIP	OCALA, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	HICKS, DANIEL
STREET ADDRESS	3255 S W 24TH AVE RD
CITY-ST-ZIP	OCALA, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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: _____ 4/27/98 (307) 387-2154

CR2E034 (10/97)