

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 837598**

1. Entity Name

ARMY DEVELOPMENT CORPORATION**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90124 021 ***150.00

0589260

Principal Place of Business	Mailing Address
COLONIAL BANK CENTRE 41 NORTH BELTLINE HIGHWAY MOBILE AL 36608-1201 US	P O BOX 160306 MOBILE AL 36616

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	63-0718311	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA FL 32503	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT, JOHN D	NAME	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCH, PAUL C	NAME	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISHEE, WILLIAM H	NAME	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFAN, CHESTER J	NAME	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DONALD P JR	NAME	
STREET ADDRESS	41 NORTH BELTLINE HIGHWAY	STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36608	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (334) 380-2929

CR2E034 (10/00)