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Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F47963 (6)  
1. Corporation Name  
HUSKEY DEVELOPMENT CORPORATION



Principal Place of Business: 5519 LITHIA ROAD, PO DRAWER 230, LITHIA FL 33547  
Mailing Address: 5519 LITHIA ROAD, PO DRAWER 230, LITHIA FL 33547-0230

3. Date Incorporated or Qualified: 10/08/1981  
3a. Date of Last Report: 02/22/1996  
4. FEI Number: 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 525 W. BEACON RD., State Apt. #, etc.: P.O. Box 1107, City & State: LAKELAND FL, Zip: 33802-1107, Country: U.S.A.  
2a. Mailing Address: 26 P.O. Box 1107, Suite, Apt. #, etc.: P.O. Box 1107, City & State: LAKELAND FL, Zip: 33802-1107, Country: U.S.A.

9. Name and Address of Current Registered Agent: HUSKEY, JOSEPH V., 5519 LITHIA ROAD, P.O. DRAWER 230, LITHIA FL 33547

10. Name and Address of New Registered Agent: 81 Name: HUSKEY, ERIK C., 82 Street Address (P.O. Box Number is Not Acceptable): 525 W. BEACON RD., 83 P.O. Box 1107, 84 City: LAKELAND FL, 85 Zip Code: 33802-1107

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: *Erik C. Huskey* ERIC C. HUSKEY, PD DATE: FEBRUARY 4, 1997

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUSKEY, ERIC C	
STREET ADDRESS	525 W. BEACON RD	
CITY- ST- ZIP	LAKELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUSKEY, JOSEPH V.	
STREET ADDRESS	P.O. DRAWER 230	
CITY- ST- ZIP	LITHIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUSKEY, ERIK C	
1.3 STREET ADDRESS	PO Box 1107 (N/A)	
1.4 CITY- ST- ZIP	LAKELAND FL 33802-1107	
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 do 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: *Erik C. Huskey* ERIC C. HUSKEY, PD DATE: 02 FEB 1997 (941) 683-8460

CR2E034 (9/96)