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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000001935 (6)

EILERSON DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

FILED Jun 05 1997 8:00am Secretary of State



#350 RICHMOND VA 23225		#350	RICHMOND VA 23225-5512				
		RICHMOND V					
US		US			 Date Incorporated or Qualified 04/19/1993 	3a. Date of Last R 04/29/1996	teport j
2. Principal P	lace of Business	2s. Mailing Add	dress		4. FEI Number	Aı	pplied For
21		26			54-1558588	No	ot Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 27 Suite					5. Certificate of Status Desired	7	Additional equired
City & Stat	6	City & State)		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip	— ——	ountry	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
	9. Name and Address of Cu	rrent Registered Agent		1041 11	10. Name and Address of New Reg	jistered Agent	
	CORPORATION SYSTEM			81 Name			
1200 SOUTH PINE ISLAND RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
PU	ANTATION FL 33324						
				83			
				84 City		■■ 85 Zip	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607 1508, Flo	rida Stalules, the	above-named co	rporation submits this statement for the pr	urpose of changing i	ts registered
office or r	registered agent, or both, in the S im familiar with, and accept the o	itate of Florida. Such cha bligations of Section 60	inge was authoriz 7.0505. Florida St	ed by the corpor atutes.	rporation submits this statement for the pration's board of directors. I hereby accep	t the appointment as	registered
-							
SIGNATURE	Signature, typed or printed name of registere	d agent and tillo it applicable.	(NOTE: Registo	red Agent signature red	uired when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	P		DELETE 1.1	TITLE		☐ Change	Addition
NAME	EILERSON, THOMAS D		1.2	NAME			
STREET ADDRESS	1001 BOULDERS PKWY S	SUITE 100	1.3	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA		1.4	CITY-ST-ZIP			
TITLE				TITLE		☐ Change	Addition
NAME			2.2	NAME			
STREET ADDRESS			2.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TATLE				1/TLE		☐ Change	Addition
NAME			32	NAME			
STREET ADDRESS				STREET ADDRESS			
				. CITY-ST-ZIP			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		1/TLE		Change	Addition
NAME		Land .		NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	<u></u>	П		CITY-ST-ZIP TITLE		Change	Addition
TITLE		LJ	•			Change	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	<u> </u>	················		CITY-ST-ZIP		T Observe	A statistic
TITLE		Ц		TIFLE		☐ Change	Addition
NAME			<u> </u>	NAME			
STREET ADDRESS			63	STREET ADDRESS			
CITY-ST-ZIP		<i>1</i>	6.4	CITY-ST-ZIP			
					The Continue of the Control of the C	and the second of the second	

I do hereby certify that the information information indicated on this annual re I am an officer or director of the condi-appears in Block 12 or Block 13 if in a

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address.

Chalan (Roy) 320-5555