

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G09366

1. Corporation Name
ANCO DEVELOPMENT CORP.

Principal Place of Business
6850 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address
P.O. BOX 43999
ST. PETERSBURG FL 33743
US

2. Principal Place of Business
21 350 EAST BAY DRIVE

Suite, Apt. #, etc.

22 City & State
LARGO, FL

23 Zip Country
33770 US

2a. Mailing Address
26 P.O. BOX 2910

Suite, Apt. #, etc.

27 City & State
LARGO, FL

28 Zip Country
33779 US

9. Name and Address of Current Registered Agent

LANCE, LLOYD D
6850 CENTRAL AVE
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

11/23/1982

4. FEI Number

59-2265433

Applied For

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name
TIMOTHY L. LEATHERS

82 Street Address (P.O. Box Number is Not Acceptable)
350 EAST BAY DRIVE

83

84 City
LARGO

FL

85 Zip Code
33770

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

Timothy L. Leathers, Secretary/Treasurer 4-13-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
D LLOYD, LANCE D
STREET ADDRESS
6850 CENTRAL AVE
CITY-ST-ZIP
ST PETERSBURG FL 33707

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

(727) 585-3111

Date Daytime Phone #

CR2E034 (11/98)