

\* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 \*

CORPORATION  
ANNUAL REPORT  
**1994** 1996



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

1. Corporation Name  
**Dev-Land, Inc.**

DOCUMENT #  
**G11448**

Mailing Address  
**4575 Via Royale  
Suite 101  
Fort Myers, FL 33919**

Principal Place of Business  
**4575 Via Royale  
Suite 101  
Fort Myers, FL 33919**

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address  
**21 2000 Main Street**

2a. Principal Place of Business  
**26 2000 Main Street**

3. Date Incorporated or Qualified  
**12/02/82**

3a. Date of Last Report

4. FEI Number  
**59-2392685**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired  
**\$8.75 Additional Fee Required** ☐

6. Election Campaign  
Financing Trust  
Fund Contribution ☐

**22 Suite 407**

**27 Suite 407**

7. Nonprofit Exempt from \$138.75  
Supplemental Fee ☐

**\$5.00 May Be  
Added to Fees**

City & State

City & State

**23 Fort Myers, Florida**

**28 Fort Myers, Florida**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

**24 33901**

**25 Lee**

**29 33901**

**30 Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Griffith, Allan T.  
4575 Via Royale  
Suite 101  
Fort Myers, Florida 33919**

81 Name  
**Allan T. Griffith**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2000 Main Street**

83  
**Suite 407**

84 City  
**Fort Myers,**

85 Zip Code  
**FL 33901**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE **8/12/96**

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
**PVS**  
12 NAME  
**Elliott, Robert T.**  
13 STREET ADDRESS  
**9339 Lennex Lane, SW**  
14 CITY-ST-ZIP  
**Fort Myers, FL**

21 TITLE  
**T**  
22 NAME  
**Elliott, Robert T.**  
23 STREET ADDRESS  
**9339 Lennex Lane, SW**  
24 CITY-ST-ZIP  
**Fort Myers, FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**900001925659  
-08/19/96--01045--030  
\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I declare the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I 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. I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-12-96**

Date

Daytime Phone #