

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G15688 (6)

1. Corporation Name  
BROOKSVILLE DEVELOPMENT CORPORATION

Principal Place of Business  
401 W COLONIAL DR  
STE 7  
ORLANDO FL 32804  
US

Mailing Address  
401 W COLONIAL DR  
STE 7  
ORLANDO FL 32804-6829  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/29/1982

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2242890

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

9. Name and Address of Current Registered Agent  
ALLEN, THOMAS R.  
340 N. ORANGE AVE.  
ORLANDO FL 32802

10. Name and Address of New Registered Agent  
81 Name  
WILLIAM H. MACARTHUR  
82 Street Address (P.O. Box Number is Not Acceptable)  
401 W. COLONIAL DR., SUITE 7  
83  
84 City  
ORLANDO  
FL  
85 Zip Code  
32804

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.  
WILLIAM H. MACARTHUR  
Signature, typed or printed name of registered agent and title if applicable.  
W H MacArthur  
DATE  
4/21/97

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS             | CITY-ST-ZIP | DELETE                   |
|-------|-----------------------|----------------------------|-------------|--------------------------|
| DPS   | MACARTHUR, WILLIAM H. | 401 W COLONIAL DR., STE. 7 | ORLANDO FL  | <input type="checkbox"/> |
| AST   | CONANT ELIZABETH      | 401 W COLONIAL DR.         | ORLANDO FL  | <input type="checkbox"/> |
| SVP   | VON KLUGE, HERBERT    | 401 W COLONIAL DR., STE. 7 | ORLANDO FL  | <input type="checkbox"/> |
| SVP   | PARIS, DANIEL         | 401 W COLONIAL DR., STE 7  | ORLANDO FL  | <input type="checkbox"/> |
| SVP   | FANT, JAMES           | 401 W COLONIAL DR., STE. 7 | ORLANDO FL  | <input type="checkbox"/> |
| V     | MACARTHUR, LUZ T      | 401 W COLONIAL DR., STE. 7 | ORLANDO FL  | <input type="checkbox"/> |

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 <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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:  
Sandra B. Mortham  
4/21/97  
(407) 425-8320

FILED  
Apr 28 1997 8:00am  
Secretary of State



CR2E034 (9/96)