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

PROFIT CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

G21483

(4)

REAR BUN DEVELOPMENT, INC.

DEAN N	ION DEVELOPMENT, INC.				
Principal Place	of Business	Mailing Address			
196 ARORA BLVD.		196 ARORA BLVD.			
ORANGE PARK FL 32073 ORANGE PARK			73		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					02/02/1983
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-2378672   Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Cour	trv	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
24	25	29	30	y	Personal Property Tax due June 30. Yes No
241	9. Name and Address of Curr		1001		10. Name and Address of New Registered Agent
CO	LEMAN, RALPH R, JR			B1 Name	
196 ARORA BLVD				B2 Street A	Address (P.O. Box Number is Not Acceptable)
	ANGE PARK FL 32073			or son	( .o. Box Hallion to Hot Acooption)
				B3	
			ļ	84 City	FL 85 Zip Code
agent. I ai SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl signature typed or procedulate of repotered.	igations of Section 607.0505, I	Florida State	ites.	poration's board of directors. I hereby accept the appointment as registered required when reinstaing)  DATE
12,	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 T(T	.E	Change Addition
NAME	COLEMAN, RALPH R, JR		1.2 NA	AE .	
STREET ADDRESS	196 ARORA BLVD		1.3 ST	EE1 ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	DELETE		Y - S1 - ZIP	Change Addition
TITLE	STD	☐ DELETE	2.1 111		
NAME	WEST, CAROLE C		2.2 NA		
STREET ADDRESS	196 ARORA BLVD			EEI ADDRESS	
CITY-ST-ZIP TITLE	ORANGE PARK FL	DELETE	2. 4 Cl	Y-ST-ZIP F	Change Addition
NAME		<u></u>	3.2 NA		
STREET ADDRESS			1	EET ADDRESS	
CITY-ST-ZIP				Y - ST - ZIP	
TITLE		DELETE	417(1	1	☐ Change ☐ Addition
NAME			4 2 N/	ME	
STREET ADDRESS			4 3 ST	ieet address	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		☐ DELETE	5 1 TH	.E	☐ Change ☐ Addition
NAME			5.2 NA	VIE .	
STREET ADDRESS			5.3 ST	REET ADDRESS	
CITY-ST-ZIP			5 4 CI	Y-ST-ZIP	
TITLE		☐ DEL <b>e</b> te	6.1 TIT	lE .	Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3.51	REET ADDRESS	

14. 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 suppliemental 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 trusted 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.

6.4 CITY-ST-ZIP

4/12/00

CR2E034 (10/97)

**FILED** 

May 05 1998 8:00am

Secretary of State