

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G47469** (3)

1. Corporation Name

JLT DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

% JULIUS T. TOU
2046 NW 14TH AVENUE
GAINESVILLE FL 32605

*Aloha Garden
Apts.*

% JULIUS T. TOU
2046 NW 14TH AVENUE
GAINESVILLE FL 32605

2. Principal Place of Business

2a. Mailing Address

21 *Aloha Garden Apts.*

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *3009 SW Archer Rd.*

27

City & State

City & State

23 *Gainesville FL*

28

24 *32608*

Country

29

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/01/1983

3a. Date of Last Report
08/01/1995

4. FEI Number
59-2305158

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

TOU, JULIUS T.
2046 NW 14TH AVENUE
GAINESVILLE FL 32605

81 Name

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

83

84 City

FL

85 Zip Code

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. Thereby 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)

(NOTE: Registered Agent's signature is required on this filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	TOU, JULIUS T.	
STREET ADDRESS	2046 NW 14TH AVENUE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	DS	☐ DELETE
NAME	TOU, LISA	
STREET ADDRESS	2046 NW 14TH AVE	
CITY- ST- ZIP	GAINESVILLE, F L 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa C Tou (Lisa C Tou) 3/30/1996 (352)377-0555

CR2E034 (12/95)