

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


FILED

Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90014 018 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G62915					
1. Corporation Name PADDOCK PARK DEVELOPMENT, INC.					
Principal Place of Business 3233 SW 33RD ROAD STE 201 OCALA FL 34474-459 US			Mailing Address P. O. BOX 367 OCALA FL 34478 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 09/23/1983	
4. FEI Number 59-2335551		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PALMER, MARGARET 709 SOUTHEAST 15TH AVENUE OCALA FL 34471			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	PALMER, WHITFIELD M JR				
STREET ADDRESS	3233 SW 33RD ROAD STE 201				
CITY-ST-ZIP	OCALA FL 34474				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	GLANZER, DOROTHY				
STREET ADDRESS	3233 SW 33RD ROAD STE 201				
CITY-ST-ZIP	OCALA FL 34474				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	AYRES, MARGARET PALMER				
STREET ADDRESS	1318 SE 8TH STREET				
CITY-ST-ZIP	OCALA FL 34471				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PALMER, MARGARET				
STREET ADDRESS	709 SOUTHEAST 15TH AVENUE				
CITY-ST-ZIP	OCALA FL 34471				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BARBER, JON K.				
STREET ADDRESS	3233 SW 33RD ROAD STE 201				
CITY-ST-ZIP	OCALA FL 34474				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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: Dorothy Glanzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

352-237-6145

Date

Daytime Phone #

CR2E034 (1/98)