

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 # **G79128** (6)

1. Corporation Name

**G.B.F. RESERVE DEVELOPMENT CORP.**



Principal Place of Business

**9000 COUNTRY CLUB DRIVE  
PORT ST. LUCIE FL 34986**

Mailing Address

**9000 COUNTRY CLUB DRIVE  
PORT ST. LUCIE FL 34986**

3. Date Incorporated or Qualified

**01/16/1984**

3a. Date of Last Report

**04/19/1995**

2. Principal Place of Business

21 **3240 SW ISLAND WAY**

Suite, Apt. #, etc.

22 **1**

City & State

23 **PALM CITY FLORIDA**

Zip

24 **34990**

Country

25 **USA**

2a. Mailing Address

26 **3240 SW ISLAND WAY**

Suite, Apt. #, etc.

27 **1**

City & State

28 **PALM CITY FLORIDA**

Zip

29 **34990**

Country

30 **USA**

4. FEI Number

**59-2364924**

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

9. Name and Address of Current Registered Agent

**PIATT, ROD L.  
9000 COUNTRY CLUB DRIVE  
PORT ST. LUCIE FL 34986**

10. Name and Address of New Registered Agent

81 Name

**REGINA M. JOHNSTON**

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

**3240 SW ISLAND WAY**

83

84 City

**PALM CITY**

FL

85 Zip Code

**34990**

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

*Regina M. Johnston*, Secretary

**4-4-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	TO	<input type="checkbox"/> DELETE
NAME	PIATT, ROD L.	
STREET ADDRESS	530 PIKE STREET	
CITY - ST - ZIP	MEADOW LANDS PA	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	PIATT, JACK B.	
STREET ADDRESS	PIKE STREET	
CITY - ST - ZIP	MEADOW LANDS PA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, REGINA M	
STREET ADDRESS	3240 SW ISLAND WAY	
CITY - ST - ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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 sole owner 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

**4-4-96**

DATE

**407 221-9096**

DAYTIME PHONE #

CR2E034 (12/95)