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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

4114 HERSCHEL ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G83215

(5)

5009 ORTEGA FARMS BLVD

Mailing Address

DEVELOPMENT LAND & INVESTMENTS, INC.

FILED Oct 01 1998 8:00am Secretary of State



JACKSONVILLE FL. 32210 US		JACKSONVILLE FL 32210 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1984	
21	·	26 4/14 HER	esche CS+	59 -259 2775	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 ACKSONU	ILLEFL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	70 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Country USA	8, This corporation owes or has paid the o	
24	25 Name and Address of Current	Popletared Agent	0 007	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
NE		negistered Agent	81 Name	10. Name and Address of New Registers	а мунт
	SBITT, THOMAS, JR.			dross (P.O. Box Number is Not Acceptable)	
	14 HERSCHEL ST #108				
JAC	CKSONVILLE FL 32210		83		
	•				
			84 City	F	85 Zip Code
office or re	to t he provisions of Sections 607.0502 egis ter ed agent, or both, in the State (m fam lliar with, and accept the obliga	of Florida. Such change was au	thorized by the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE					- Commence of the control of the con
12.	Signature, typical or printed name of registered again OFFICERS AND		Rogistered Agent signature re		NB DIDECTORS IN 10
Tillf	POS	DELETE	1.1 HTLF	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	NESBITT, THOMAS, JR.		12 NAME		Li change Li riconton
STREET ADDRESS	4114 HERSCHEL ST #108		13 STREET ADDRESS		
CITY-S1-ZIP	JACKSONVILLE FL		1 4 City-St-Zip		
TITLE		DECETE	2 1 10TLE		Change Addition
NAME			2.2 NAME		E change E has ton
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-7IP			2.4 C(1Y-ST-Z(P		
THE		DELETE	3.1 1/11/6		Change Addition
NAME		_	3.2 NAME		— , ,
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-7IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		•	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 City-St-ZiP		
TILE		□ DELETE	5.1 WILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - 7IP			5 4 CITY - S1 - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME		.—	6 2 NAME		
STREET ADDRESS			G.3 STREET ADDRESS		
CITY-S1-7IP			6.4 CITY - S1 - ZIP		
14. Thereby co	ertify that the information supplied wit	h this filing does not qualify for t	he exemption stated	in Section 119.07(3)(i), Florida Statutes. I further of	certify that the information
indicated o	on this annual report or supplemental.	annual report is true and accum	ate and that my signa	ture shall have the same legal effect as if made upquired by Chapter 607, Florida Statutes; and that	under eath: that I am an
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