

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

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90021 040 ****150.00

DOCUMENT # G83215
Corporation Name
DEVELOPMENT LAND & INVESTMENTS, INC.



Principal Place of Business
HERSCHEL ST
JACKSONVILLE FL 32210

Mailing Address
4114 HERSCHEL ST
108
JACKSONVILLE FL 32210
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
HERSCHEL ST		4114 HERSCHEL ST		02/02/1984	
JACKSONVILLE FL 32210		108		4. FEI Number	
		JACKSONVILLE FL 32210		59-2592775	
		US		Applied For	
				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Zip		Country	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NESBITT, THOMAS, JR.				81 Name	
4114 HERSCHEL ST #108				82 Street Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32210				83	
				84 City	
				FL 85 Zip Code	

I am a shareholder of the corporation and 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 signature required when reinstalling)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
ADDRESS		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ZIP		1.2 NAME					
		1.3 STREET ADDRESS					
		1.4 CITY-ST-ZIP					
ADDRESS		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ZIP		2.2 NAME					
		2.3 STREET ADDRESS					
		2.4 CITY-ST-ZIP					
ADDRESS		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ZIP		3.2 NAME					
		3.3 STREET ADDRESS					
		3.4 CITY-ST-ZIP					
ADDRESS		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ZIP		4.2 NAME					
		4.3 STREET ADDRESS					
		4.4 CITY-ST-ZIP					
ADDRESS		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ZIP		5.2 NAME					
		5.3 STREET ADDRESS					
		5.4 CITY-ST-ZIP					
ADDRESS		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ZIP		6.2 NAME					
		6.3 STREET ADDRESS					
		6.4 CITY-ST-ZIP					

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/15/99
Daytime Phone #: 904-981-0004

CR2E034 (11/98)