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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G85238

(5)

O & H DEVELOPMENT OF OSCEOLA, INC.

Principal Place of Business Mailing Address					I SOOTHAL OEST ENDE BING HOUR THEFT IN	JIOH EIGH DIDII DIBII	010H 0HBH 1901
1524 N. BERMUDA AVE 1524 N. BERM			MAS D. HOWAT. JR. Bermuda ave Mee Fl. 34741-3219				
			***	pr: par = 100 and - 100 and 10	3. Date Incorporated or Qualified 02/17/1984	3a. Date of La 05/01/199	
	ace of Business	2a. Mailing Address			4. FEI Number	-	Applied For
21] Suite, Apt	# otc	Suite, Apt. #, etc.	·	· · · · · · · · · · · · · · · · · · ·	59-2401612	ep,	Not Applicable 75 Additional
22		27		1. '.d!/dl. 'l	5. Certificate of Status Desired	Fe	ee Required
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be
23] Ζφ	Country	28] Zip	Coun	trv	B. This corporation has liability for it		ided to Fees
24	25	29	30	,		Yes M No	301 S. 183.U32,
	9. Name and Address of Currer		1221		10. Name and Address of New Re	letered Agent	
HOW	VAT, THOMAS D., JR.			11 Name			
	N. BERMUDA AVE		E	12 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
KISS	SIMMEE FL 34741		Ľ				
			[8	13			
			8	14 City		FL 85	Zip Code
11 Purcuant I	to the previsions of Sections 607.050	2 and 607 1509 Florida Statut	es the ab	ve-named cor	poration submits this statement for the p		ing its registered
office or re	eg-stered agent, or both, in the State	of Florida. Such change was :	authorized	by the corpora	tion's board of directors. I hereby accep	it the appointmen	nt as registered
Ū	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statu	108.			
SIGNATURE	Storiature: typical or printed name of registered ad-	ent and tire if anchicable (NOT	E: Registered	Apent signature requi	tred when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
THE	PST	☐ DELETE	1.1 TITL	E		☐ Cha	ange 🔲 Addition
NAME	HOWAT, THOMAS D., JR.		1.2 NAN	RE			
STREET ADORESS	6343 PINEY GLEN LN		1.3 STR	EET ADDRESS			
CITY+ST-ZIF	ORLANDO FL		1.4 CITY	'-ST-ZIP			
TITLE	VO	☐ DELETE	2.1 TITL	ŧ l		☐ Cha	ange Addition
NAME	HOWAT, THOMAS D., JR.		2.2 NAN	IE .			
STREET ADDRESS	6343 PINEY GLEN LN		2 3 STR	EET ADDRESS			
CITY-S1-ZIP	ORLANDO FL	T bt. cr		Y-ST-ZIP			
TITLE		L DELETE	31 TITL	-		Cha	ange [_] Addition
NAME			3.2 NAN				
STREET ADDRESS				EET ADDRESS			
GITY-ST-ZIF		DELETE		Y-ST-ZIP		☐ Cha	ange Addition
TITLE NAME		☐ pttrit	4.1 TRTL 4.2 NAI				nige L. Audition
STREET ADDRESS			1	EET ADDRESS			
CITY-SI-ZIP			1	-ST-ZIP			
TILE		DELETE	5 1 TiTs			☐ Cha	ange Addition
NAME			52 NAN	i			
STREET ADORESS				EET ADDRESS			
CITY-ST-7:P			1	-ST-ZIP			
THE		DELETE	61 TITL			☐ Cha	ange 🔲 Addition
NAME			62 NAM	(E			
STREET ADDRESS			63 STR	EET ADDRESS			
CITY-SI-7IP			6.4 CIT	r-ST-ZIP			
14. I do heret	by certify that the information supplies	d with this filing does not qual	ify for the e	xemption state	d in Section 119.07(3)(i), Florida Statuter	s. I further certify	that the
l am an ol appears i	fficer or director of the corporation of Black 12 or Black 13 if changed	r the receiver or trustee entry ir on an attachment with a ad	vered to ex dress	ecute this repo	d in Section 119 07(3)(i), Florida Statute it my signature shall have the same lega in as required by Chapter 607, Florida S	tatutes; and that	my hame