

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H00897

(9)

1. Corporation Name

REP DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

2 N. TAMiami TRAIL
SUITE 404
SARASOTA FL 34236

P.O. BOX 5027
SARASOTA FL 34277-5027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1984

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2406326

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

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 7553

County, Apt. #, etc.

County, Apt. #, etc.

22

27

City & State

City & State

Bradenton, FL

23

28

24

Country

Zip

34210

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAUSE, W. PEYTON JR.
TWO NORTH TAMiami TRAIL
SUITE 404
SARASOTA FL 34236

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of registered agent or registered agent in lieu of registered agent

Signature of registered agent or registered agent in lieu of registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

DP
PRINE, ROBERT E.
2 N. TAMiami TRAIL
SARASOTA FL

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

VT
PERRY, EDWARD L.
2 N. TAMiami TRAIL
SARASOTA FL

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

ST
PRINE, ROBERT E.
2 N. TAMiami TRAIL
SARASOTA FL

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

Mailing address
P.O. Box 7553 N/A
Bradenton, FL 34210

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

Mailing address
P.O. Box 7553 N/A
Bradenton, FL 34210

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

Mailing address
P.O. Box 7553 N/A
Bradenton, FL 34210

☒ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

700001444511
-03/31/95--01015--017
****200.00 ****200.00

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 80, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature of Filer