

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90010 012 ***150.00

DOCUMENT # H00897

1. Corporation Name

REP DEVELOPMENT CORPORATION

Principal Place of Business

2 N. TAMiami TRAIL
SUITE 404
SARASOTA FL 34236

Mailing Address

P.O. BOX 5027
SARASOTA FL 32477
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4710 69th Ct. East

2a. Mailing Address

26 P.O. BOX 5027

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palmetto, FL

City & State

28 Sarasota FL

Zip

24 34221 25 US

Zip

29 34277 30 US

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Julie Krokroskia

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

315 58th St.

83

Suite I

84 City

Holmes Beach FL

85 Zip Code

34217

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

Julie Krokroskia

(NOTE: Registered Agent signature required when reinstating)

4/22/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE

NAME PRINE, ROBERT E
STREET ADDRESS P.O. BOX 5027 ((N/A))
CITY-ST-ZIP SARASOTA FL 34277

TITLE V ☐ DELETE

NAME PERRY, EDWARD L
STREET ADDRESS P.O. BOX 7553 ((N/A))
CITY-ST-ZIP BRADENTON FL 34210

TITLE V ☐ DELETE

NAME PRINE, ROBERT E
STREET ADDRESS P.O. BOX 7553 ((N/A))
CITY-ST-ZIP BRADENTON FL 34210

TITLE V ☐ DELETE

NAME PRINE, BARBARA
STREET ADDRESS P.O. BOX 5027 ((N/A))
CITY-ST-ZIP SARASOTA FL 34277

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

PRINE, ROBERT E. JR.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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

4/22/99

Date

941-729-8835

Daytime Phone #

CR2E034 (1/98)

0484639