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FLORIDA DEPARTMENT OF STATE

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May 02 1997 8:00am

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H13781**

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FELLSMERE DEVELOPMENT CORPORATION, INC.

Principal Place of Business Mailing Address C/O BRUCE A. MITCHELL, ESQ. C/O BRUCE A. MITCHELL, ESQ. 1625 6 RIVERVIEW DR 1825 S RIVERVIEW DR MELBOURNE FL 32901-4711 MELBOURNE FL 32901 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 07/25/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2495033 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žφ Ζιρ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent R1 Name JAMES L. REINMAN 1825 S RIVERVIEW DR 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 63 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (9<u>6</u>/6) DELETE Change ___ Addition THE 1.1 TITLE GLOVER, JOSEPH H. 1.2 NAME NAME 3109 S. MAIN STREET 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 1.4 CITY-ST-2IP CITY - ST - ZOP SD DELETE Change Addition TITLE 2.1 TITLE REINMAN, JAMES L 2.2 NAME NAMI 1825 S RIVERVIEW DR 2.3 STREET ADDRESS STREET ADDRESS 1,24<u>5</u> MELBOURNE FL 2 4 CITY-ST-ZIP CHY-ST-ZIP TD DELETE Change Addition TILLE 3.1 TITLE ARMSTRONG, RAYMOND A. 3.2 NAME NAME 1331 S VALENTINE STREET STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL CGY-SI-ZIE 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 011Y-St 200 4.4 CITY - ST-ZIP Change DELETE Addition THLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST ZIP DELETE 6.1 TITLE Change ☐ Addition TILLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7/P 6.4 CITY-ST-ZIP 14. I do 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