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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H33976

1. Corporation Name

S. O. L. DEVELOPMENT CORP.



Principal Place of Business

870 N. COCOA BLVD.
COCOA FL 32922

Mailing Address

P.O. BOX 69
COCOA FL 32923-0069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1984

4. FEI Number

59-2477381

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 1970 MICHIGAN AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BLDG. E

Suite, Apt. #, etc.

27 City & State

City & State

23 COCOA, FL.

City & State

28 City & State

Zip Country

24 32922 25 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

ALLEN, CLYDE A
870 N. COCOA BLVD.
COCOA FL 32923

10. Name and Address of New Registered Agent

81 Name CLYDE A. ALLEN

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

1970 MICHIGAN AVE.

83 BLDG E

84 City COCOA

FL 85 Zip Code 32922

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **WATSON, BRUCE**
CITY-ST-ZIP **870 N. COCOA BLVD.**
COCOA FL

TITLE ☐ DELETE

NAME **ST**
STREET ADDRESS **ALLEN, CLYDE A.**
CITY-ST-ZIP **870 N. COCOA BLVD**
COCOA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **WATSON, BRUCE**
1.3 STREET ADDRESS **1445 COX ROAD**
1.4 CITY-ST-ZIP **COCOA, FL. 32922**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **ST**
2.3 STREET ADDRESS **ALLEN, CLYDE A.**
2.4 CITY-ST-ZIP **1970 MICHIGAN AVE. BLDG. E**
COCOA, FL. 32922

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

3/3/99
Date

Daytime Phone #

CR2E034 (11/98)