Amended

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # H40511

1. Corporation Name
ORANGE POINT DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
8865 SW 104TH LANE OCALA FL 34481 US	8865 SW 104TH LANE OCALA FL 34481 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11637 SW 90th Terrace	2a. Mailing Address 26 11637 SW 90th Terrace
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OCALA FL	City & State 28 OCALA, FL
Zip 24 34481 Country 25 US	Zip 29 34481 Country 30 US

3. Date Incorporated or Qualified: 01/31/1985

4. FEI Number: 59-2934323 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GHUMMAN, KULBIR 8865 SW 104TH LANE OCALA FL 32676	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 11637 SW 90th Terrace 83 84 City OCALA FL 85 Zip Code 34481

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GHUMMAN, KULBIR		1.2 NAME		
STREET ADDRESS	8865 SW 104TH LANE		1.3 STREET ADDRESS	11637 SW 90th Terrace	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA FL 34481	
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELL, JAMES A.		2.2 NAME		
STREET ADDRESS	8865 SW 104 LANE		2.3 STREET ADDRESS	11637 SW 90th Terrace	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA, FL 34481	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	800002892398-- 7	
STREET ADDRESS			3.3 STREET ADDRESS	-06/02/93--01045--008	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****551.25 *****61.25	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

CR2E031 (11/98)