## **FILED** 2001 Uniform Business Report (UBR) May 21, 2001 8:00 am Secretary of State 05-21-2001 90344 046 \*\*\*550.00 **DOCUMENT # H47817** FRANKLIN DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 910 A LITHIA PINECREST P O BOX 1558 BRANDON FL 33511 VALRICO FL 33595 2. Principal Place of Business 3604 Grand Magnolia Pl 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2522336 Valrico Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANKLIN, KENNETH WEST JR. Street Address (P.O. Box Number is Not Acceptable) 910 A LITHIA PINECREST RD BRANDON FL 33511 3604 Grand Magnelia City Vals ico 8. The above named entity-submits this state of entity of the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Addition CR2E034 (10/00) ☐ Change FRANKLIN, KENNETH W JR NAME NAME STREET ADDRESS 910 A LITHIA PINECREST RD STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition TITLE FRANKLIN, KENNETH W. JR. NAME NAME 910 A LITHIA PINECREST RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Delete TITLE ☐ Addition TIT! F ☐ Change GUINNESS, KEVIN P NAME NAME 910 A LITHIA PINECREST RD STREET ADDRESS STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Chanoe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address. Fifth all other like empowered.

eunotan, FrankonTa

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SIGNATURE: