PROFIT CORPORATION. ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

04-26-1999 90085 034 ***150.00

DOCUN 1. Corporation	MENT # H70217	7						
•	OOD DEVELOPMENT COP	?PORATION						
Principal Place of Business Mailing Address						TITAL BIBIL BIBIL BIL	BII 818(5188)	
5100 87TH STR	eet e.	5100 87TH STREET E.						
BRADENTON FL 34202 BRADENTON FL 34202					DO NOT WRITE IN THIS	S SPACE		
US		US			3. Date Incorporated or Qualifed			
					07/31/1985		İ	
2. Principal Pl	2a, Mailing Address	ng Address		4. FEI Number	App	lied For		
21		26			59-2566155	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A		ı	
22	يرحصين ونف	27			J. Certificate of Octavia Desired	Fee Rec	`	ويت
City & State	9	City & State			6. Election Campaign Financing	\$5.00 M Added to	, ,	
23		28			Trust Fund Contribution		rees	
Zip Country		├ ── '	— ·		 This corporation owes the current year In Personal Property Tax. 		⊒No .	
24	9. Name and Address of Curre	11	30 		10. Name and Address of New Registered	Agent		
	3. regime and reduced or control			81 Name	,			
HOG	IAN, PATRICK		-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		-	
5100 87TH STREET E.				Sileet Addi	Tess (F.O. Box Number to Not Notes Easter)			
BRAI	DENTON FL 34202		l	83				
	•		-	84 City		85 Zip C	ode	
				, ,	FI	_ {		
office or r	opictored agent or both in the State	e of Florida. Such channe was a	umonzea	ny the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its r pintment as reg	egistered istered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Statu	ites.			Ì	
SIGNATURE			•	Agent signature require	ed when reinstation) DATE			-
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	R\$ IN 12	Š
TITLE	D DELETE		1.1 TIT	TLE		Change	☐ Addition	3
NAME	HUNT, ROBERT A.		1.2 NA	ME				2
STREET ADDRESS			1.3 ST	REET ADDRESS				Ĺ
CITY-ST-ZIP			1,4 C/I	ry-st-zip				į
TITLE	VST	☐ DELETE	2.1 TIT	rle		Change	☐ Addition	Ι,
NAME -			2.2 NA	ME				l
STREET ADDRESS	, 0100 0, 111 011 EL			REET ADDRESS				İ
CITY-ST-ZIP	BRADENTON FL 34202			TY-ST-ZIP		Change	- Addition	
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NAME		`	3.2 NA					
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NAME			4, 2 N]				
STREET ADDRESS				REET ADDRESS				ł
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NAME	5.2		5.2 NA	WE				1
STREET ADDRESS			5.3 ST	REET ADDRESS				ļ
CITY-ST-ZIP	5.4			TY-ST-ZIP		E-1 05	□ A → 222 - 1	-
TITLE		☐ DELETE	6.1 TIT	Į		Change	☐ Addition	1
NAME .			6.2 NA	i				ł
STREET ADDRESS	1	*	6.3 ST	REET ADDRESS				1

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.

6.4 CITY+ST+ZIP

SIGNATURE:

SIGNATURE REQUIRED