FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	LAND DEVELOPMENT, IN				
Principal Place	of Business	Mailing Address			811 61811 #1811 61811 81811 61811 1441
2169 MYAKKA ROAD SARASOTA FL 34240 US		2169 MYAKKA ROAD SARASOTA FL 34240 US		DO NOT WRITE IN T	HIS SPACE
				12/16/1985	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2620117	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		1	Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be (
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29 3	¬ ·	Personal Property Tax.	Tyes □No
24	9. Name and Address of Curren		-	10. Name and Address of New Register	red Agent
			81 Name	Sherry Hauson	
HANSON, CAROL J. 2169 MYAKKA RD				ddress (P.O. Box Number is Not Acceptable)	
	ASOTA FL 34240		83	69 MYAKA Rd	<u> </u>
0,41					
			84 City	arasota-	FL 85 Zip Code 342 45
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statutes of Florida. Such change was autr tions of, Section 607.0505, Florid	46 b	corporation submits this statement for the purpositation's board of directors. I hereby accept the appropriate the statement of the purposition of the statement of the purposition of t	ppolitiment as registered
SIGNATURE	Signature, typed or printed name of registered age	at and little it applicable. We E: Ri	egistered Agent signature re	quired when reinstating) DATE	10-99
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HANSON, STEVEN C.		1.2 NAME		
STREET ADDRESS	30950 SHADY LANE		1.3 STREET ADDRESS	2169 MYAKKA RD.	
CITY-ST-ZIP	MYAKKA CITY FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V	☐ DELETE	2.1 TITLE	SARASO TA	■ Change
NAME	HANSON, CARL J.		2.2 NAME	3340 EAST DALE	
STREET ADDRESS	2169 MYAKKA ROAD		2.3 STREET ADDRESS	LEES 1005 FL 34780	•
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP	CC25005 120410	Change
TITLE	TD	☐ DELETE	3.1 TITLE	and the same of th	The surges of the same
NAME	HANSON, CAROL J.		3.2 NAME	3340 EAST DALE	
STREET ADDRESS	2169 MYAKKA RD SARASOTA FI		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	LEES burg FL 34788	* • •
CITY-ST-ZIP TITLE	SARASOTA FL SD	☐ DELETE	4.1 TITLE	20 00 001	
NAME	HANSON, SHERRY		4. 2 NAME		
STREET ADDRESS	30950 SHADY LN			2169 MYAKKA RD	
CITY-ST-ZIP	MYAKKA CITY FL			SARASOTA FL 34840	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	16		6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

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: SHELL

941-322-1352