

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H99999 (5)

1. Corporation Name

EAST PASCO DEVELOPMENT COMPANY



Principal Place of Business

Mailing Address

% LEWIS B. MCKELL
5801 GALL BOULEVARD
ZEPHYRHILLS FL 33541

% LEWIS B. MCKELL
5801 GALL BOULEVARD
ZEPHYRHILLS FL 33541

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

MCKELL, LEWIS B.
35648 CHANCEY ROAD
ZEPHYRHILLS FL 34248

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/17/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(If 10. Registered Agent Signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
MCKELL, LEWIS B.
STREET ADDRESS 35648 CHANCEY ROAD
CITY- ST- ZIP ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME ST
BREWER, KATHERINE M.
STREET ADDRESS 5801 GALL BLVD.
CITY- ST- ZIP ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME D
MCKELL, DAVID H.
STREET ADDRESS RT 1 BOX 430-D6
CITY- ST- ZIP PALMETTO FL

TITLE ☐ DELETE

NAME D
GHANI, ABDUL
STREET ADDRESS 5821 GALL BLVD.
CITY- ST- ZIP ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Phrase #

CR2E034 (12/95)