

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J10141

(6)

1. Corporation Name

SAINT'S DEVELOPMENT CORPORATION

Principal Place of Business

429 S. NAVY BLVD.
PENSACOLA FL 32507

Mailing Address

429 S. NAVY BLVD.
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/14/1986

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2661778

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ST. AUBIN, GEORGE
429 S. NAVY BLVD.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DP
ST. AUBIN, GEORGE
429 S. NAVY BLVD.
PENSACOLA FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
PERRAULT, PRISCA
4372 E. WEST PT. LOMA
SAN DIEGO CA

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
CALI, CHRIS
800 CECIL FIELD BOX 117
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
HENRY, JOHN D.
800 NAS FALLON RM 322
RENO, NV.

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DS
ROQUE, ROBERT
310 SMITH CIRCLE
GULF BREEZE FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(3)(b), 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

1-12-95 9044569099