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

DOCUMENT # J31679 1. Corporation Name

MCNEILL DEVELOPMENT COMPANY

Principal Place of Business 2000 E EDGEWOOD DR 105

STE 105 LAKELAND FL 33803 Mailing Address

2000 E EDGEWOOD DR 105

STE 105

LAKELAND FL 33803

FILED Mar 01, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

US		US			3. Date Incorporated or Qualifed 08/26/1986		
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number	Applied For	
	2000 E. Edgaward DR. 26 2000 E.Ed				59-2768417	Not Applicable	
Suite, Apt. #, etc. 27 /5/6-B					5. Certifcate of Status Desired		
City & Stat	Reland FL	City & State 28 / a Ke and	FL		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zíp	Country 25 <i>U.S.P.</i>	Zip 29 <i>33403</i> 3	Country		This corporation owes the current year Intangit Personal Property Tax.	es □No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ager	<u>it</u>	
	IEN LANCE		81	Name			
	NEILL, LANCE DEAST EDGEWOOD DRIVE		82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105 LAKELAND FL 33803							
			84	City	FL 85	Zip Code	
SIGNATURE	m familiar with, and accept the obligation	and title if applicable (NOTE: Re		t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
12.	OFFICERS AND			1		Change	
TITLE	VPS	☐ DELETE	1.1 TITLE		,	ChangeAddition	
NAME	MCNEILL, LAWRENCE		1.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	LAKELAND FL	/ Delete	1.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
TITLE	PT ACNEILA LANCE	□ DELETE	2.1 TITLE		. Ц	Criange	
NAME	MCNEILL, LANCE 2000 E EDGEWOOD DR 105		2.2 NAME		•	,	
STREET ADDRESS	LAKELAND FL			T ADDRESS	Company of the Compan		
CITY-ST-ZIP	DANCESTO I C	☐ DELETE	2. 4 CITY-5 3.1 TITLE	51-ZIP	. 🕥	Change	
NAME		_ DECE, E	3.2 NAME		_	. • —	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5			•	
TITLE		☐ DELETE	4.1 T/TLE			Change .	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		·	Change ' Addition	
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS	:		
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

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 corporatory 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.