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**Secretary of State** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # J49388**

**OUTLAND DEVELOPMENT COMPANY** 

Mailing Address Principal Place of Business OUTLAND DEVELOPMENT CO. CLITIAND DEVELOPMENT CO. 1340 US HWY #1. #102 DO NOT WRITE IN THIS SPACE 1340 US HWY #1. #102 JUPITER FL 33469 JUPITER FL 33469 3. Date Incorporated or Qualifed 12/30/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2769 144 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip □No Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHITE, JOHN, II 1645 PALM BEACH LAKES BLVD. PENTHOUSE SUITE 83 W. PALM BEACH FL 33401 85 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME TAYLOR, DAVID E. NAME 1.3 STREET ADDRESS 1340 US HWY #1, SUITE 102 STREET ADDRESS 1.4 CITY-ST-ZIP JUPITER FL Addition CITY-ST-ZIP ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP Change ☐ Addition CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Change Addition CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Addition CITY-ST-ZIP ☐ Change 5.1 TITLE ☐ DELETE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Addition CITY-ST-ZIP [ ] Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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.

SIGNATURE:

FGB 9, 1999