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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J70314 (6)

1. Corporation Name  
PALM STATE DEVELOPMENT CORP.

Principal Place of Business  
4110 S. FLORIDA AVE  
LAKELAND FL 33813

Mailing Address  
4110 S. FLORIDA AVE  
LAKELAND FL 33813-1674



3. Date Incorporated or Qualified 04/27/1987  
3a. Date of Last Report 06/11/1996

2. Principal Place of Business 21  
2a. Mailing Address 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27  
23 Zip 28  
Country 29

24 25 29 30  
9. Name and Address of Current Registered Agent  
STEPHENS, DONALD K.  
4110 S. FLORIDA AVE  
LAKELAND FL 33813

4. FEI Number 59-2805569  
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

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	STEPHENS, DONALD K.	1.2 NAME	
STREET ADDRESS	4110 S. FLORIDA AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	
TITLE	DVP	2.1 TITLE	
NAME	ADAMS, ROBERT J.	2.2 NAME	
STREET ADDRESS	4110 S. FLORIDA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)