## 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

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90184 019 \*\*\*150.00

## **DOCUMENT # J81343**

SWEETV	VATER VILLAGE DEVELOP	MENT,	, INC.							
Principal Place	e of Business	М	failing Address					. 0184) 014	10 B1811 B1	J)1 B)811 1881
7322 COPENHAGEN DR 7322 COPENHAGEN DR PANAMA CITY FL 32404 US US			ANAMA CITY FL 32404				DO NOT WRITE IN TH	IS SPA	CE	
US		U	•				3. Date Incorporated or Qualifed			
							07/02/1987			
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number		_	lied For
21		26			_		59-2828231			Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Rec	dditional juired
City & Stat	е		City & State				6. Election Campaign Financing	\$	5.00 N	√lay Be
23	<u></u>	28		<del></del>			Trust Fund Contribution		Added to	Fees
Zìp	Country	$\vdash$	Zîp 1	Countr	У		8. This corporation owes the current year I	ntangibl □ Y		□No
24	9. Name and Address of Curre	29	etered Agent	30			Personal Property Tax.  10. Name and Address of New Registere			
	9. Name and Address of Cure	ent Kegn	stered Agent	81	1	Name	To. Hallie alla Adalose el Hen Hegiere	<u></u>		
PELL	_ar, Joseph R.				_	0: 1111	(D.O. Davida in Mat Assessable)			
7322 COPENHAGEN DRIVE				82 Street Addr			ess (P.O. Box Number is Not Acceptable)			
PAN	AMA CITY FL 32404			્,‴8ઉ	3					
			į	84	4	City	F	85	Zip C	ode
44 Dusquast	to the provisions of Sections 607.05	502 and (	607 1508 Florida Statut	es the ahou	<u> </u>	named corno	pration submits this statement for the number	of chan	lina its r	egistered
office or r agent. I a	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Flori	ida. Such change was a	uthorized by	y ti	he corporation	n's board of directors. I hereby accept the app	ointmer	it as reg	istered ,
SIGNATURE	Signature, typed or printed name of registered as	gent and title	s if applicable. (NOTE	: Registered Age	ent :	signature required				
12.	OFFICERS A	NO DIR	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD		☐ DELETE	1.1 TITLE					Change	Addition
NAME	PELLAR, JOSEPH R.			12 NAME						
STREET ADDRESS	7322 COPENHAGEN DR			1.3 STREE						
CITY-ST-ZIP	PANAMA CITY FL		☐ DELETE	1.4 CITY-		ZIP			Change	Addition
TITLE	D CORRY LE		☐ DELETE	2.1 TITLE				,	mange	
NAME	CORRY, J. E. 319 N. DUVAL ST			2.2 NAME		*DDDECC				
STREET ADDRESS	QUINCY FL			2.3 STRE	EIF		•			ł
CITY-ST-ZIP TITLE	GOINGT FL				ОТ				-	. 1
NAME			☐ DELETE	2. 4 CITY-		-217			Change	Addition
			☐ DELETE	3.1 TITLE		-217	•		hange	Addition
STREET ADDRESS			☐ DELETE				-		Change	Addition
STREET ADDRESS			DELETE	3.1 TITLE 3.2 NAME	ET A	ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREI	ET A	ADDRESS			Change Change	Addition
CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREI 3.4. CITY-	ET#	ADDRESS	•			
CITY-ST-ZIP TITLE				3.1 TITLE 3.2 NAME 3.3 STREI 3.4. CITY- 4.1 TITLE 4.2 NAME	ET #	ADDRESS				
CITY-ST-ZIP TITLE NAME			☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREI 3.4. CITY- 4.1 TITLE 4.2 NAME	ET /	ADDRESS - ZIP ADDRESS	•		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE	ET /	ADDRESS - ZIP ADDRESS				
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ DELETE	3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 5.1 TITLE 5.2 NAME 5.4 CITY- 6.1 TITLE 6.2 NAME	ET A	ADDRESS ZIP  ADDRESSZIP  ADDRESS			Change	Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS