

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 02 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 # **J83117 (8)**  
 1. Corporation Name  
**PLYMOUTH DEVELOPMENT CORPORATION UNLIMITED**



Principal Place of Business  
**1165 ELDRIDGE STREET  
 CLEARWATER FL 34615  
 US**

Mailing Address  
**1165 ELDRIDGE STREET  
 CLEARWATER FL 34615-4310  
 US**

3. Date Incorporated or Qualified **07/17/1987** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business  
 21 Suite, Apt #, etc  
 22 City & State  
 23 Zip Country  
 24 Zip Country

2a. Mailing Address  
 26 Suite, Apt #, etc  
 27 City & State  
 28 Zip Country

4. FEI Number **59-2846729** 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 **part of consolidated group**

g. Name and Address of Current Registered Agent  
**BLAESER, JOHN A  
 1165 ELDRIDGE STREET  
 CLEARWATER FL 34615**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Sign in typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAESER, JAMES A</b>	
STREET ADDRESS	<b>1165 ELDRIDGE DT</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>DEVINE, DAVID W</b>	
STREET ADDRESS	<b>1165 ELDRIDGE STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAESER, JOHN A</b>	
STREET ADDRESS	<b>1165 ELDRIDGE STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *John Blaeser* **John Blaeser** **4/21/97** **813/461-6194**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)