

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90262 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J96805

1. Corporation Name
DOSTIE DEVELOPMENT, INC.



Principal Place of Business

6924 DISTRIBUTION AVE S
 JACKSONVILLE FL 32256
 US

Mailing Address

6924 DISTRIBUTION AVENUE SOUTH
 JACKSONVILLE FL 32256
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1987

4. FEI Number

59-2849778

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 owes the current year intangible

Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DOSTIE, RENE J
 9080 GULFSIDE DRIVE
 SUITE #4
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **Richard R Dostie**
 82 Street Address (P.O. Box Number is Not Acceptable)
6810 ST AUGUSTINE Rd
 83
 84 City **JACKSONVILLE, FL** 85 Zip Code **32217**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOSTIE, RENE JR.	
STREET ADDRESS	9080 GOLFSIDE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOSTIE, RICHARD R.	
STREET ADDRESS	6810 ST. AUGUSTINE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOSTIE, DAVID O.	
STREET ADDRESS	6924 DISTRIBUTION AVENUE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOSTIE, RICHARD R. PD	
1.3 STREET ADDRESS	6810 ST AUGUSTINE Rd	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
2.1 TITLE	DOSTIE RENE JR. VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOSTIE RENE JR.	
2.3 STREET ADDRESS	6810 ST AUGUSTINE Rd	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
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	BRUCE LINGERFELT V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRUCE LINGERFELT	
4.3 STREET ADDRESS	6810 ST AUGUSTINE Rd	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)