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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K29516 1. Corporation Name

TOWN SOLIABE DEVELOPMENT GROUP, INC.

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90026 034 ***150.00

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Principal Place	e of Business	Mailing Add	iress	,			6)181 (16)8 8111 91611 9	(\$1(B1B1) B5B1) B	11611 61811 1681
% CHARLES TINDELL % CHARLES TINDELL									
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DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118						3. Date Incorporated or Q		OI AOL	
						07/26/1988	dunca		İ
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<u> </u>	lace of Business	<u> </u>	Address			69-0076003		<u> </u>	ot Applicable
Suite, Apt.	# otc	26 Suite A	pt. #, etc.			09 0070005		\$8.75	
	#, etc.	27	pi. ir, oto.			5. Certifcate of Status De:	sired 🗌	Fee Re	1
City & State	· · · · · · · · · · · · · · · · · · ·	City & S	State			6. Election Campaign Fina	ancing	\$5.00	May Be
23		28				Trust Fund Contribution	-	Added	
Zip	Country	Zip		Country		8. This corporation owes to	the current year in	angible	
24	25	29	3	_ ·		Personal Property Tax.		☐ Yes	□No
24	9. Name and Address of Curre			<u> </u>		10. Name and Address of		Agent	
				81	Name				
TIND	DELL, CHARLES			-	01	O.O. Davidson in Not	Annantable)		
406	N WILD OLIVE AVE			82	Street F	Address (P.O. Box Number is Not.	Acceptable)		
DAY	TONA BEACH FL 32118			83	-				
				84	City		FL	85 Zip	Code
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are sections.	of Florida, Such	change was aut	horized by	the corpo	corporation submits this statement ration's board of directors. I hereb	for the purpose of by accept the appo	changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: R	egistered Ager	it signature re	equired when reinstating)	DATE		
12.	OFFICERS AI	ND DIRECTORS		13.		ADDITIONS/CHANGES	TO DESICEDS AS	ID DIRECTO	NDC IN 12
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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: