FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39997** (7)

1. Corporation Name

AJB DEVELOPMENT, INC.

Principal Place of Business
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~SUITE 303~~
~~ST. PETERSBURG FL 33702~~
US

Mailing Address
~~POST OFFICE BOX 88005~~
~~ST. PETERSBURG FL 33742~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21 4730 CALHOUN RD
Suite, Apt. #, etc.
22
City & State
23 PLANT City FL
24 33567 25 Hillsborough US

2a. Mailing Address
26 4730 CALHOUN RD
Suite, Apt. #, etc.
27
City & State
28 PLANT City FL
29 33567 30 Hillsborough US

4. FEI Number: 65-0080031 — 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

7. This corporation has activity for intrastate tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
~~MASCARA, ERNEST L.~~
~~GLADES BLDG. SUITE 303~~
~~877 EXECUTIVE CENTER DR. W~~
~~ST. PETERSBURG FL 33702~~

10. Name and Address of New Registered Agent
81 Name: KAREN L. GRUNIG
82 Street Address (P.O. Box Number is Not Acceptable): 4730 CALHOUN RD
83
84 City: PLANT City FL 85 Zip Code: 33567

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: Karen L. Grunig — 4/26/95
Signature: typed or printed name of registrant (and if an officer, title of officer) — (NOTE: Registered Agent signature required when resigning) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BRUSCINO, ANTHONY J.
STREET ADDRESS	~~4247 CADDIE DR. E.~~
CITY, ST, ZIP	~~BRADENTON FL~~
TITLE	D
NAME	BRUSCINO, ANTHONY J.
STREET ADDRESS	~~4247 CADDIE DR. E.~~
CITY, ST, ZIP	~~BRADENTON FL~~
TITLE	VP
NAME	GRUNIG, KAREN L
STREET ADDRESS	~~4247 CADDIE DR. E~~
CITY, ST, ZIP	~~BRADENTON FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☑ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	675 Penfield ST.
14 CITY, ST, ZIP	Longboat Key, FL 34228
21 TITLE	☑ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	675 Penfield ST.
24 CITY, ST, ZIP	Longboat Key, FL 34228
31 TITLE	☑ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	4730 CALHOUN RD
34 CITY, ST, ZIP	PLANT City, FL 33567
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	800001475063
51 TITLE	-05/04/95--01016--010 ☐ Change ☐ Addition
52 NAME	****200.00 ****200.00
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	AP 4/28
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 is added in Block 13 with an address.

SIGNATURE: 4/26/95 — 813 758-8812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012193 CP