

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K48800** (2)

1. Corporation Name:

COMMONWEALTH DEVELOPMENT COMPANY



Principal Place of Business

**3115 DIXIE HWY., N.E.
PALM BAY FL 32905**

Mailing Address

**3115 DIXIE HWY., N.E.
PALM BAY FL 32905**

3. Date Incorporated or Qualified
11/28/1988

3a. Date of Last Report
04/25/1995

4. FET Number
59-2921192

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**PENCE, ROY
3115 DIXIE HWY., NE
PALM BAY FL 32905**

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 607.11(1)(a) and 607.15(1)(b), 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 607.03(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	PENCE, HERSCHEL	
3. STREET ADDRESS	3115 DIXIE HWY., N.E.	
4. CITY, ST, ZIP	PALM BAY FL	
5. TITLE	VD	☐ DELETE
6. NAME	PENCE, ROY	
7. STREET ADDRESS	3115 DIXIE HWY., N.E.	
8. CITY, ST, ZIP	PALM BAY FL	
9. TITLE	STD	☐ DELETE
10. NAME	PENCE, ALENE	
11. STREET ADDRESS	3115 DIXIE HWY., N.E.	
12. CITY, ST, ZIP	PALM BAY FL	
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	☐ Change ☐ Addition

14. I, Aleene Pence, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 registered or trustees empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if it changed or on a letter in Block 13 if an addition.

SIGNATURE: Aleene Pence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALENE PENCE Sec/Treas

3/25/96 407/723-6107
Daytime Phone #

CR2E034 (12/95)