FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K56349** **(9)**

1. Corporation Name

ZEPHYRHILLS DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
14150-6TH STREET P.O. DRAWER 1047 DADE CITY FL 33525 US	14150- 6TH STREET P.O. DRAWER 1047 DADE CITY FL 33526-1047 US

3. Date Incorporated or Qualified: **01/06/1989**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **65-0094709** 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. Does corporation owe fee(s) or tax(es) under s. 199.032, Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 37837 Meridian Avenue	26 P. O. Box 2337
Suite, Apt. #, etc. 22 Suite 314	Suite, Apt. #, etc. 27 Suite 314
City & State 23 Dade City, FL	City & State 28 Dade City, FL
Zip 24 33525	Zip 29 33526-2337
County 25 USA	County 30 USA

9. Name and Address of Current Registered Agent

SUMNER, ROBERT D.
14150-6TH STREET
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name: Jerome G. Schrader
82 Street Address (P.O. Box Number is Not Acceptable): 37837 Meridian Avenue
83 Suite 314
84 City: Dade City FL 85 Zip Code: 33525

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] DATE: 3/19/96

12. OFFICERS AND DIRECTORS		
TITLE	DP	☐ DELETE
NAME	BROWN, BILLY E	
STREET ADDRESS	37051 CHURCH AVENUE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	DV	☐ DELETE
NAME	BLACKWELL, GARY L.	
STREET ADDRESS	6915 STATE ROAD 54	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	DST	☒ DELETE
NAME	~~SUMNER, ROBERT D.~~	
STREET ADDRESS	~~14150 6TH STREET~~	
CITY-ST-ZIP	~~DADE CITY FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	S/T	☐ Change ☒ Addition
42 NAME	Schrader, Jerome G.	
43 STREET ADDRESS	37837 Meridian Avenue, Suite 314	
44 CITY-ST-ZIP	Dade City, FL 33525	
51 TITLE	VP/D	☐ Change ☒ Addition
52 NAME	Schrader, Thomas A.	
53 STREET ADDRESS	P. O. Box 77, N/A	
54 CITY-ST-ZIP	San Antonio, FL 33576	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, including the email address. I further certify that the information indicated on this report or supplemental 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 business agent (see instructions) filing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this report with an address.

SIGNATURE: [signature], Sec 3/19/96 904/567-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #