


FILED

Jan 29 1998 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
<p>DOCUMENT # K74535 (1) 1. Corporation Name PALMETTO DEVELOPMENT CORP.</p>		
<p>Principal Place of Business C/O D.G. MCHAFFIE P. O. BOX 777 EAST ELLIJAY GA 30539</p>	<p>Mailing Address C/O D.G. MCHAFFIE P. O. BOX 777 EAST ELLIJAY GA 30539</p>	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualified 03/22/1989			
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.				4. FEI Number 65-0109106			
22 City & State				27 City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip				28 Zip				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country				29 Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent			
MCHAFFIE, D.G. 5070 NORTH OCEAN DRIVE SUITE 6-A SINGER ISLAND FL 33404								81 Name			
								82 Street Address (P.O. Box Number is Not Acceptable)			
								83			
								84 City			
								85 Zip Code			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCHAFFIE, D.G.	1.2 NAME	
STREET ADDRESS	5070 N. OCEAN DR., #6-A	1.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. M. FIFE, III	2.2 NAME	
STREET ADDRESS	100 BEAVER LAKE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ELLIJAY GA	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTA R. HOOD	3.2 NAME	
STREET ADDRESS	100 BEAVER LAKE DR, BX 3	3.3 STREET ADDRESS	
CITY - ST - ZIP	ELLIJAY GA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

On or before the date of the report, the person or persons who prepared the report, or the sender or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report, or on an attachment with an address:

Walter J. Haffie 1/19/88 561-842-2074

CB2E034 (10/07)