

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90167 034 \*\*\*150.00

DOCUMENT # K74535

1. Corporation Name

PALMETTO DEVELOPMENT CORP.

Principal Place of Business

C/O D.G. MCHAFFIE  
P. O. BOX 777  
EAST ELLIJAY GA 30539

Mailing Address

C/O D.G. MCHAFFIE  
P. O. BOX 777  
EAST ELLIJAY GA 30539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1989

4. FEI Number

65-0109106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 ~~P.O. Box 777~~

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCHAFFIE, D.G.  
5070 NORTH OCEAN DRIVE  
SUITE 6-A  
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81

Name

D.G. MCHAFFIE

82

Street Address (P.O. Box Number is Not Acceptable)

2317 Cherokee Circle

83

84

City

WEST PALM BEACH

FL

85

Zip Code

33404

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

*D.G. McHaffie*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCHAFFIE, D.G.  
STREET ADDRESS 5070 N. OCEAN DR., #6-A  
CITY-ST-ZIP SINGER ISLAND FL

TITLE P ☐ DELETE

NAME C. M. FIFE, III  
STREET ADDRESS 100 BEAVER LAKE DR.  
CITY-ST-ZIP ELLIJAY GA

TITLE V ☐ DELETE

NAME ROBERTA R. HOOD  
STREET ADDRESS 100 BEAVER LAKE DR, BX 3  
CITY-ST-ZIP ELLIJAY GA

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

*D.G. McHaffie* REQUIRED: G. MCHAFFIE 4/13/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-616-5889

0540382

CR2E034 (11/98)