

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L58010 (4)

1. Corporation Name

PRIMERA DEVELOPMENT CORPORATION



Principal Place of Business

C/O JOHN SCHNEEMAN
640 S COUNTRY CLUB RD
LAKE MARY FL 32746

Mailing Address

C/O JOHN SCHNEEMAN
640 S COUNTRY CLUB RD
LAKE MARY FL 32746

2. Principal Place of Business

2a. Mailing Address

21 531 SILVERGATE LOOP
State, Apt. #, etc.

26 PO. Box 951254
State, Apt. #, etc.

22 City & State

27 City & State

23 LAKE MARY, FL
Zip Country

28 LAKE MARY, FL
Zip Country

24 32746

25 SEMINOLE

29 32795

30 SEMINOLE

9. Name and Address of Current Registered Agent

SCHNEEMAN, JONNA
640 S COUNTRY CLUB RD
LAKE MARY FL 32746

3. Date Incorporated or Qualified
03/12/1990

3a. Date of Last Report
04/24/1995

4. FEI Number
59-3090910

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

81 Name

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

83 531 SILVERGATE LOOP

84 City

LAKE MARY

FL

85 Zip Code

32746

11. Pursuant to the provisions of Sections 607.0402 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if different from above)

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY-STATE-ZIP	4. CITY-STATE-ZIP
5. TITLE	5.1 TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY-STATE-ZIP	8. CITY-STATE-ZIP
9. TITLE	9.1 TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-STATE-ZIP	12. CITY-STATE-ZIP
13. TITLE	13.1 TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-STATE-ZIP	16. CITY-STATE-ZIP
17. TITLE	17.1 TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-STATE-ZIP	20. CITY-STATE-ZIP

14. I hereby certify that the information supplied in this report 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 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 registered or trusted agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Blocks 13 through 20 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SCHNEEMAN

2-12-96 (407) 324-8516

CR2E034 (12/95)