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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L58010 (4)

1. Corporation Name
PRIMERA DEVELOPMENT CORPORATION

Principal Place of Business

521 SILVERGATE LOOP
LAKE MARY FL 32746
US

Mailing Address

PO BOX 951254
LAKE MARY FL 32785-1254
US



3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

02/15/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SCHEENMAN, JONNA
521 SILVERGATE LOOP
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

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 607.0502 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

TITLE D ☐ DELETE

NAME SCHNEEMAN, JOHN
STREET ADDRESS 640 S COUNTRY CLUB RD.
CITY-ST-ZIP LAKE MARY FL

TITLE P ☐ DELETE

NAME SCHNEEMAN
STREET ADDRESS 640 S COUNTRY CLUB RD
CITY-ST-ZIP LAKE MARY FL

TITLE S ☐ DELETE

NAME SCHNEEMAN, JOHN
STREET ADDRESS 640 S COUNTRY CLUB RD
CITY-ST-ZIP LAKE MARY FL

TITLE T ☐ DELETE

NAME SCHNEEMAN, JOHN
STREET ADDRESS 640 S COUNTRY CLUB RD
CITY-ST-ZIP LAKE MARY FL

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

521 SILVERGATE LOOP
LAKE MARY, FL 32746

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

521 SILVERGATE LOOP
LAKE MARY, FL 32746

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

521 SILVERGATE LOOP
LAKE MARY, FL 32746

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

521 SILVERGATE LOOP
LAKE MARY, FL 32746

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

1-10-97 (407)3248516

CR2E034 (9/96)