

DOCUMENT # N93000003811

1. Entity Name

COMMUNITY DEVELOPMENT AND PLANNING, INC. *R*FILED  
Jul 12, 2000 8:00 am  
Secretary of State

06-07-2000 90443 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2519 SOUTH HWY. 77  
STE D.  
LYNN HAVEN FL 32444  
USPOS OFFICE BOX 418  
SUITE 15  
LYNN HAVEN FL 32404-2078  
US

2. Principal Place of Business

2912 TRANSMITTER RD.

3. Mailing Address

2912 TRANSMITTER RD

Suite, Apt. #, etc.

SUITE B

Suite, Apt. #, etc.

SUITE B

City &amp; State

HILAND PARK FL

City &amp; State

HILAND PARK FL

Zip

32404

Country

BAY

Zip

32404

Country

BAY

4. FEI Number

59-3212516

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EVANS, ROBERT L  
2719 RAVENWOOD CT  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Robert L. Evans*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	OP	<input type="checkbox"/> Delete
NAME	EVANS, ROBERT L	
STREET ADDRESS	2719 RAVENWOOD CT.	
CITY-ST-ZIP	LYNN HAVEN FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JACK G	
STREET ADDRESS	502 HARMON AVE	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BLEDSE, TERESA L	
STREET ADDRESS	218 SCOOTER DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, HUGH V	
STREET ADDRESS	613 HARRISON AVE.	
CITY-ST-ZIP	PANAMA CITY FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASKINS, DAN L.	
STREET ADDRESS	119 CEDAR STREET	
CITY-ST-ZIP	EDGEWATER FL 32141	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other those empowered.

SIGNATURE:

*Robert L. Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (850) 872-1601

Date

Daytime Phone #