FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 6:24

DOCUMENT # **P16899** **(7)**

1. Corporation Name
STANDARD DEVELOPMENT CORP. OF WEST VIRGINIA

Principal Place of Business	Mailing Address
P.O.BOX 868 CROSSWIND CORPORATE PARK BRIDGEPORT WV 26330-0868	P.O.BOX 868 CROSSWIND CORPORATE PARK BRIDGEPORT WV 26330-0868

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/19/1987
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 55-6017175 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VAN HOUTEN, MICHAEL A.
SUITE A
114 S. PALMETTO AVENUE
DAYTONA BEACH FL 32014

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MCWHORTER, ROBERT D.	12 NAME	ALLISON C. MCWHORTER	
STREET ADDRESS	CROSSWIND CORP. PARK	13 STREET ADDRESS	18A2 OCEANS IV, 3003 S. ATLANTIC AVE.	
CITY-ST-ZIP	BRIDGEPORT WV	14 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE	SD	21 TITLE	VICE PRES. & TREASURER	☒ Change ☐ Addition
NAME	MORGAN, ROGER	22 NAME	KAREN PRICE	
STREET ADDRESS	SCHROATH BLDG., WA AVE.	23 STREET ADDRESS	6124 WESTGATE DR. #204	
CITY-ST-ZIP	CLARKSBURG WV	24 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	ASD	31 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	HILL, RONALD W.	32 NAME	JAMES VARNER	
STREET ADDRESS	CROSSWIND CORP. PARK	33 STREET ADDRESS	EMPIRE BANK BUILDING	
CITY-ST-ZIP	BRIDGEPORT WV	34 CITY-ST-ZIP	CLARKSBURG, WV 26301	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ALLEN, MARCIA FRASHURE	42 NAME		
STREET ADDRESS	GOFF BLDG. MAIN ST.	43 STREET ADDRESS	DELETE	
CITY-ST-ZIP	CLARKSBURG WV	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	MCWHORTER, ALLISON C	52 NAME		
STREET ADDRESS	CROOSWIND CORP. PARK	53 STREET ADDRESS	DELETE	
CITY-ST-ZIP	BRIDGEPORT WV 26330	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Allison C McWhorter 3-28-95 (304) 842-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468186 FN