FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

STANDARD DEVELOPMENT CORP. OF WEST VIRGINIA

Principal Place of Business	Mailing Address
P.O.BOX 888 CROSSWIND CORPORATE PARK BRIDGEPORT WV 26330-0880	P.O.BOX 888 CROSSWIND CORPORATE PARK BRIDGEPORT WV 26330-0880

3. Date Incorporated or Qualified: **11/19/1987**
3a. Date of Last Report: **04/04/1995**

4. FEI Number: **55-6017175** ☐ 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 24 Country 25

2a. Mailing Address
26 SUNTRUST BANK
Suite, Apt. #, etc.
27 P.O. BOX 2120
City & State
28 DAYTONA BEACH, FL
Zip 29 32115-2120 Country 30

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: G. Larry Sims, Attorney
82 Street Address (P.O. Box Number is Not Acceptable):
83 501 N. Grandview Avenue, 3rd Floor
84 City: Daytona Beach FL 85 Zip Code: 32126-5669

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MCWHORTER, ALLISON C		12 NAME	
STREET ADDRESS	18A2 OCEANS IV, 3003 S ATLANTIC AVE		13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		14 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PRICE, KAREN		22 NAME	
STREET ADDRESS	6124 WESTGATE DR #204		23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	VARNER, JAMES		32 NAME	
STREET ADDRESS	EMPIRE BANK BUILDING		33 STREET ADDRESS	
CITY-ST-ZIP	CLARKSBURG WV		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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 Pres. 3-15-96 904-258-2518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)