

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000007429 (2)

1. Corporation Name

DYER DEVELOPMENT CORP.

FILED
95 AUG -8 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2237 S. KANNER HWY.
STUART FL 34994
US

Mailing Address

2237 S KANNER HWY.
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/29/1993

3a. Date of Last Report

07/01/1994

4. FEI Number

65-0383412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 198.032

Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21 952 SW 37th TERRACE

2a. Mailing Address

26 952 SW 37th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM CITY, FL

City & State

26 PALM CITY, FL

Zip

24 34990-3535

Country

25 MARTIN

Zip

29 34990-3535

Country

30 MARTIN

9. Name and Address of Current Registered Agent

BROCK, ANITA J
1005 ST. LUCIE CRESCENT
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

82

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

83

952 SW 37th TERRACE

84

City PALM CITY

FL

85

Zip Code 34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

Anita Jo Brock

ANITA JO BROCK

8/3/95

(Signature must be printed name of registered agent and that of corporation)

(NOTE: Registered Agent Signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DP
BROCK, VIRGINIA D
5148 S.W. MOORES ST.
PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

DST
BROCK, ANITA J
1005 ST. LUCIE CRESCENT
STUART FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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:

Anita Jo Brock

ANITA JO BROCK

8/3/95

407-283-5042

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)