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 JUN 20 AM 10:59

DOCUMENT # **P93000035424 (9)**

1. Corporation Name
DEXTER DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
303 BALLENISLES DRIVE PALM BEACH GARDENS FL 33418	303 BALLENISLES DRIVE PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (25) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / County (30)

4. FEI Number: 65-0417639 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARY, JOHN W III
701 U.S. HIGHWAY ONE
SUITE 402
NORTH PALM BEACH FL 33408

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, ROY H	12 NAME	
STREET ADDRESS	303 BALLENISLES DR	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	GARY, JOHN W III	22 NAME	
STREET ADDRESS	701 U.S. HIGHWAY ONE	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	COB	31 TITLE	☐ Change ☐ Addition
NAME	BILLS, JOHN C	32 NAME	
STREET ADDRESS	3910 RCA BLVD., #1001	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LANDRY, LAWRENCE L	42 NAME	
STREET ADDRESS	140 SOUTH DEARBORN	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	CORBETT, RICHARD A	52 NAME	Charles L. Palmer
STREET ADDRESS	2227 N. WESTSHORE BLVD	53 STREET ADDRESS	111 E LAS OLAS BOULEVARD
CITY-ST-ZIP	TAMPA FL 33607	54 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	KRAMER, DOUGLAS	62 NAME	
STREET ADDRESS	33 W. MONROE STREET, 19TH FLOOR	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60603	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: Roy H. Davidson 6/1/95 407-625-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roy H. DAVIDSON

0436327 FP