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May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90069 050 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000035424

1. Corporation Name

DEXTER DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

303 BALLENSLES DRIVE  
PALM BEACH GARDENS FL 33418

303 BALLENSLES DRIVE  
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1993

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

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Above

26 Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEAL, JOHN E	
STREET ADDRESS	500 W MONROE ST	
CITY-ST-ZIP	CHICAGO IL 60661	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, WILLIAM I	
STREET ADDRESS	11188 TURTLE BEACH RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCLOSKEY, JR T	
STREET ADDRESS	730 E DURANT ST STE 202	
CITY-ST-ZIP	ASPEN CO 81611	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANDRY, LAWRENCE L	
STREET ADDRESS	140 SOUTH DEARBORN	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, CHARLES L	
STREET ADDRESS	312 SE 17TH STREET SUITE 300	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLS, LOUIS B. SR.	
STREET ADDRESS	540 N OCEAN DR., APT 7D	
CITY-ST-ZIP	RIVIERA BEACH FL	

1.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davidson, Roy H	
1.3 STREET ADDRESS	303 Ballen Isles Dr.	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL. 33418	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary, John W. III	
2.3 STREET ADDRESS	701 U.S. Highway One	
2.4 CITY-ST-ZIP	North Palm Beach, FL. 33408	
3.1 TITLE	COB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bills, John C.	
3.3 STREET ADDRESS	3910 RCA Blvd., # 1001	
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL. 33410	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wayne Babb	
4.3 STREET ADDRESS	3910 RCA Blvd.	
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Roy A. Davidson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

561-625-5718

Date

Daytime Phone #