Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90126 009 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000055425

1. Corporation Name

ADDOD I AKE DEVELODMENT CODDODATION OF SADASOTA

ARDON	AND DEVELOPINENT COM	ONATION OF BANAGO	in .		
Principal Place	of Business	Mailing Address			
8535-3 BAY MEADOWS 8535-3 BAY MEADOWS					
SUITE 153 SUITE 153					
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualifed 08/06/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0472347	Not Applicable
	uite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	75 Additional
22	27			5. Certificate of Status Desired ~- Fe	e Required
City & State	•	City & State		6. Election Campaign Financing \$5	.00 May Be
23		28		Trust Fund Contribution Ad	ded to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25		10	Personal Property Tax.	s □No
				10. Name and Address of New Registered Agent	,
WALLAS R DEVLIN				alluce R DeVIIN	
				dress (P.O. Box Number is Not Acceptable)	1
CUITE 450				35-3 Baymeadows Ro	
JACKSONVILLE FL 32256				ite 152	
84 City				1/25001/1e FL 85 Zip Code 32256	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named compration submits this statement for the purpose of changing its registered					
office or registered agent, or toth, 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 obligators of Section 607,0506, Florida Statutes.					
agent. I am familiar with, and accept the obligators of Section 607 Jobs, Florida Statutes.					
SIGNATURE Signature-type or miled label pregistered agent and title if expolicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	DPCha	
NAME	DEVLIN, WALLACE		1.2 NAME	DEVIN, Wallace 2535-3 Buymeadows Rd.	こ ,
STREET ADDRESS	2525 GULF OF MEXICO DR. AP	T 10A	1.3 STREET ADDRESS	2535-3 Baymeadows Rd.	Suite 153
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP		256
TITLE		☐ DELETE	2.1 TITLE	Cha	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		. 1
TITLE		☐ DELETE	3.1 TITLE	Cha	ange
NAME		_	3.2 NAME	_	
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	[] Cha	ange Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Cha	ange
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		}
TITLE		☐ DELETE	6.1 TITLE	Cha	ange Addition
NAME		<u> </u>	6.2 NAME		5 23
OTDEET ADDDESO			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report is true and accofficer or director of the corpolation of the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address, with

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP