Zip Code

85

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 # P9300064317

Country

9. Name and Address of Current Registered Agent

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MEIXNER, DEANNA

3175 LINFIELD BLVD. KISSIMMEE FL 34747

1. Corporation Name

HUNTER DEVELOPMENT, INC.

Principal Place of Business							
3175	LINFIELD BLVD.						

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

KISSIMMEE FL 34747

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Zip

Mailing Address

3175 LINFIELD BLVD. KISSIMMEE FL 34747

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90183 037 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/10/1993 Applied For 4. FEI Number Not Applicable 59-3251205 \$8.75 Additional 5. Certifcate of Status Desired Fee Required_ 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Yes No. Personal Property Tax. 10. Name and Address of New Registered Agent

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

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

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City

Country

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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	☐ DELETE	1.1 TITLE		☐ Change	Addition			
NAME	WALTIN, CHRIS		1.2 NAME						
STREET ADDRESS	3175 LINFIELDSBLVD.		1.3 STREET ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL 34747		1.4 CITY-ST-ZIP		<u> </u>				
TITLE	V	☐ DELETE	2.1 TITLE	President	Change	☐ Addition			
NAME	MEIXNER, DEANNA		2.2 NAME						
STREET ADDRESS	3175 LINDFIELDS BLVD.		2.3 STREET ADDRESS						
CITY-ST-ZIP	KISSIMMEE FL 34747		2.4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE		☐ Change	Addition			
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		□ DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS			}			
CITY-ST-ZIP			6.4 CITY- ST-ZIP						

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: