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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

Principal Place of Business

1998

SCRUBY, FRANK M

SUFFE 104

767 BLANDING BOULEVARD

**ORANGE PARK FL 32065** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066711 (1)

## ARMSBY DEVELOPMENT CORPORATION

787 BLANDING BOULEVARD SUITE 104 ORANGE PARK FL 32065			767 BLANDING BOULEVARD SUITE 104 ORANGE PARK FL 32065		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					09/20/1993			
2.	Principal Place of Bus	iness	2a. Mailing Ar	ddress	4. FEI Number	Applied For		
21	]		26		59-3209859	Not Applicable		
22	Suite, Apt. #, etc.		Suite, Apt	#, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State		City & Sta	te	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	Žip	Country 25	Ζφ 29	Country 30	This corporation owes or has paid the corporation Tax due June 30.      Personal Property Tax due June 30.			
		e and Address of Cur			10. Name and Address of New Registered Agent			

FL

82

83

84 City

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

SIGNATURE	m familiar with, and accept the obligations of, Sect					
	Signature, typed or printed name of registered agent and title if applic		Registered Agent signature require		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	SCRUBY, FRANK M		1.2 NAME			
STREET ADDRESS	767 BLANDING BLVD., SUITE 104		1.3 SYREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL 32065		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2 1 TITLE		☐ Change	Addition
NAME	ARMSTRONG, COLIN W L		2.2 NAME			
STREET ADDRESS	116 LAUREL COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2. 4 CITY - ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			32 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	4		
COV. CT 7ID			EACITY OF TIP			

14. Thereby 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 persiver or true contribution of the persiver or true contribution of the persiver or true contribution of the secure 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 auto-thin or birth in address.

SIGNATURE:

**SIGNATURE:** 

904.269-1000

Zip Code

**FILED** 

Apr 03 1998 8:00am

Secretary of State