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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088616 (6)

1. Corporation Name
GOLDEN ACRES ESTATES DEVELOPMENT CORPORATION



Principal Place of Business

8930 DECUBELLIS RD.
NEW PORT RICHEY FL 34654

Mailing Address

8930 DECUBELLIS RD.
NEW PORT RICHEY FL 34654-5503

3. Date Incorporated or Qualified

12/29/1993

3a. Date of Last Report

04/01/1996

4. FEI Number

59-3225134

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 10440 KeyLantern DR

2a. Mailing Address

26 P.O. Box 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

34656

Country

9. Name and Address of Current Registered Agent

LITTLE, PETER
8930 DECUBELLIS RD.
NEW PORT RICHEY FL 34654

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LITTLE, PETER
STREET ADDRESS 8930 DECUBELLIS RD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ DELETE

NAME WILLIAMS, DAVID
STREET ADDRESS 8930 DECUBELLIS RD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE S ☐ DELETE

NAME WILLIAMS, DAWN
STREET ADDRESS 8930 DECUBELLIS RD.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ DELETE

NAME MITCHELL, D. DEWEY
STREET ADDRESS 9108 U.S. HWY. 19 NORTH
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W. WILLIAMS

1/27/97

813-861-0778

0452145

CR2E034 (9/96)