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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000013302 (2)

VENTANA DEVELOPMENT COMPANY, INC.

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 492 E EAU GALLIE BLVD 492 E EAU GALLIE BLVD INDIAN HARBOUR FL 32937 INDIAN HARBOUR FL 32937 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3227192 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCWILLIAMS, TIMOTHY F 492 E EAU GALLIE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **INDIAN HARBOUR FL 32937** 83 85 Zip Code City 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 fire if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. DPST DELETE Change Addition TITLE 1.1 TITLE MCWILLIAMS, TIMOTHY F NAME 12 NAME 492 E EAU GALLIE BLVD STREET ADDRESS 1.3 STREET ADDRESS INDIAN HARBOUR FL 32937 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 reserver. If bytes empowers the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. On a statchmont with an address.

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