Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90127 006 ***158.75

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 # P94000022553

1. Corporation Name

SHADY OAKS DEVELOPMENT, INC.

Principal Place	of Business	Mailing Address	=					
801 N. MAGNOL	LIA AVE.	801 N. MAGNOLIA AVE.						
SUITE 401		SUITE 401			DO NOT WRITE IN TH	SPACE		
ORLANDO FL 32803 ORLANDO FL 32803						3. Date Incorporated or Qualifed	IS SPACE	
		•				03/23/1994		ا ۔
		O Barilla - Adamasa				4. FEI Number		plied For
2. Principal Place of Business		2a. Mailing Address				59-3239490	- 	t Applicable
Suite Ant # oto		26					\$8.75	
Suite, Apt. #, etc.		Suite, Apt.:#, etc.				5. Certificate of Status Desired	Fee Re	
City & State		27 Ch 8 State		Floring Borning Floring				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t			
23		Zip Country					0 663	
Zip	Country	⊢		ıı y		8. This corporation owes the current year i	ntarigible ☐ Yes	No
24	[25]	29	30			Personal Property Tax. 10. Name and Address of New Registere	_	A
	9. Name and Address of Curren	it Registered Agent	-	1 Na	me	10. Name and Address of New Registers	u Agent	
CE	BROOKS		1	.				
C.E. Brooks 801 N. Magnolia ave.				32 St	Street Address (P.O. Box Number is Not Acceptable)			J
			-				_	
SUITE 401 Orlando fl 32803			1	3		•		·
ONL	411DO FE 32003		1	4 Cit	Ŋ		85 Zip	Code
						<u>F</u>		
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized t	by the o	corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re								
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	; Registered A	gent sign	ture required	when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	Registered A	gent sign	ature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
	OFFICERS AN				ature required	,	AND DIRECTO	DRS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	<u> </u>	ture required	,		
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITL 1.2 NAM	<u> </u>		,		
12. TITLE NAME STREET ADDRESS	PD BROOKS, CHARLES E	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR			,		
12. TITLE NAME	OFFICERS AN PD BROOKS, CHARLES E 1255 MAJESTIC OAK DRIVE	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E EET ADDF - ST-ZIP		,		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD BROOKS, CHARLES E 1255 MAJESTIC OAK DRIVE APOPKA FL VD	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E EET ADDF - \$T-ZIP		,	Change	Addition :
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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 receiver or trusted 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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP