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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400060078 (0)

DEVELOPMENT DYNAMICS, INC.

Principal Place of Business	Mailing Address	
1704 POWDER RIDGE DRIVE PALM HARBOR FL 34683	1704 POWDER RIDGE DRIVE PALM HARBOR FL 34683-4846	
2 Principal Place of Rusiness	2a Mailing Address	

FILED May 14 1997 8:00am Secretary of State



PALM HARBOR	FL 34683	PALM HARBOR FL 34683	-4 846			3. Date Incorporated or Qualified 08/16/1994	1	te of La	st Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FE! Number	J 04/U	פפו וניי	Applied For	
21 26						59-3268750		-	Not Applicab	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Dosired S8.75 Additional Fee Require					
City & State	е	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be	
Zip	Country	Zιρ	Cou	ntry	,	8. This corporation has liability for i	ntangible	tax und	er s. 199.032,	
24	25	29	30			Florida Statutes	Į Yes [] No		
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	gistered /	Agent		
PUDERBAUGH, THOMAS K.			81	Name						
	I POWER RIDGE DRIVE		-		82 Street Address (P.O. Box Number is Not Acceptable)					
PALM HARBOR FL 34683					ļ					
				83						
			•	84	City		— :	85	Zip Code	
						poration submits this statement for the p tion's board of directors. I hereby accep	ᅳ			
SIGNATURE	Signature, typed or printed name of registered agr OFFICERS AN		OH - Registered	i Age	ont signature requi	red when renstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND			
TITLE	P	DELFTE	1,170	ILE				Char		
NAME	PUDERBAUGH, THOMAS K		1.2 NA	ME						
STREET ADDRESS	1704 POWDER RIDGE DRIVE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CI	1Y - S	51 - 2 (P					
TITLE		☐ DELETE	2.1 111	ILF.				Chai	nge 🔲 Additio	
NAME			2.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2. 4 Cl		ST-ZIP			Chai	nge 🔲 Additio	
NAME		E precent	3.2 NA						ião 🗖 vidaliv	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					ST-ZIP					
TITLE		DELETE	4.1 10					Cha	nge 🔲 Additio	
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	HEFT	ADDRESS					
CITY-ST-ZIP				w	ST - ZIP					
TITLE		☐ DELETE	5.1 10					Cha	nge [] Additio	
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	7	DELETE	5.4 CI		ST-ZIP			Cha	nge 🔲 Additir	
TITLE		⊢1 ncrei€	6.1 111					☐ CHS	iige [_] A00ilii	
NAME EXPLET APPROVED			62 NA		ADDOLOG					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	İ		■ 64Cl	17-5	31 - 71P					

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 arinual roport 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 il changed or on an attachment with an address.