Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90230 029 ***150.00

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

Corporation	MENT # P940000 OUGH DEVELOPMENT, COR								
Principal Place	e of Business	Mailing Address				É INNÈINE) IIB POIN MINI NAIT NAIT N	1311 ar in ar ini	lani tatra tratt t	(000) 0111 001
•		-9160-MCMULLEN-BOOTH RD							
-8160 MCMULLEN BOOTH R D -S UITE-181 8		-SUITE-1818							
CLEARWATER FL-99761		-CLEARWATER FL 23761				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
I					ł	10/21/1994			1
2. Principal Pl	lace of Business	2a. Mailing Address			_	4. FEI Number		Ap	plied For
21 Q/ Z	dlewild St	26 21 Idleu	וא אנ	/ S#	-	59-3283202		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	- ي-	-		5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State		City & State	1		1/	6. Election Campaign Financing		\$5.00	May Be
23 7		280 IONVII atel	DE	ach	7	Trust Fund Contribution		Added t	, ,
Zip	CoOhtry	Zip	Couptr	<u>-</u>		8. This corporation owes the cur	rent vear Inta	angible	
24 33	767 25 Yinellas	29 JJ767 30	1 4/	nell	KeJ)	Personal Property Tax.	•	∐ Yes	□No
24 00	9. Name and Address of Current	1	' 			10. Name and Address of New	Registered /	Agent	
81 Name									
MCCULLOUGH, JAMES B						(D.O. O. H. Harris Net Assess			
- 3169 MCMULLEN BOOTH RD			82	Street A	Address	s (P.O. Box Number is Not Accept	able)		
SUITE 1918			83	1				_	
CLEARWATER FL 33761									
			84 City				FL	85 Zip (Code
		LOOT AFOR FILE A CLARA	1			dia basis this statement for the		changing its	registered
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Flonda. Such change was auth	onzea by	/ ine corpo	oration's	s board of directors. I hereby acce	pt the appoir	ntment as reg	gistered
SIGNATURE					14. 8		DATE		{
40	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ent signature re	equireu wi	hen reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
12.	P	□ DELETE	1.1 TITLE		0	PFC	110210741	Change	☐ Addition
	MCCULLOUGH, JAMES B		1.2 NAME	- 1	<u></u>		505	_	1
NAME				1		James McCullough	50.		
STREET ADDRESS				TADDRESS		21 Idlewild St. Clearwater Beach			ļ
CITY-ST-ZIP			1.4 CITY-1	ST-ZIP	ļ.	FL 33767		Change	Addition
TITLE	•	□ Dereie	2.1 TITLE	-				Gridinge	
NAME			2.2 NAME	Ī					
STREET ADDRESS	ا د کرد به معهدسی رید باشده در د	والمعاد المستوانية	1 0 mg =	TADDRESS		e galegia de la composição		·	. , {
CITY-ST-ZIP				ST-ZIP		·		☐1 Change	Addition
TITLE		☐ DELETE	3.1 TITLE					Change	☐ A00IIIOII
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME ·			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T ADDRESS					1
OUTV CT 7ID	•		4.4 CITY	eT_710					

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 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, of on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

CATEGORY OF A CONTRACT PAR

TITLE.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

Addition