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 # P95000009298

1. Corporation Name

SOUTHERN COMFORT DEVELOPMENT COMPANY, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90162 038 ***150.00



Principal Place of Business Mailing Address					-{	1 00 117 03 141 03 41 0 10410 14	(818 1816) (816 188)
435 - 10TH AVE. WEST 435 - 10TH AVE. WEST					·		
PALMETTO FL 34224 PALMETTO FL 34224					·		
						E IN THIS SPACE	
					3. Date Incorporated or Qualifed 02/03/1995		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21 525 8th St W 28 525 8th				W.	65-0555061		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	1 +	5 Additional
22 27					5. Germania di Granda Desired	Fee	Required
City & State City & State			La 1 +	ル ,	6. Election Campaign Financing		0 May Be
23 Dradinton 1-1 28 Dradento			0N, 1-	<u> </u>	Trust Fund Contribution		ed to Fees
			Country		This corporation owes the currer Personal Property Tax.	nt year intangible ☐ Yes	□No
24 54	9. Name and Address of Current	- - - -			10. Name and Address of New Re		
	5. Name and Address of Curren	registered Agent	81 1	Name 🔿 .			
MAPES, REED W.					EED W. MAPE	<u> </u>	
435 10TH AVENUE WEST				Street Addre	ess (P.O. Box Number is Not Acceptab	ие)	•
SUITE 2100				<i></i>	25 8th St W		
PALMETTO FL 34221				ړي	<u> </u>	1221 3	- 0-4-
			84 (City P	radenton	FL 85 3	14205
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-n	amed corno	pration submits this statement for the p	urpose of changing	its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auth	honzed by the	e corporatio	n's board of directors. I hereby accept	the appointment as	registerea
ď	m lammar with, and docopt the congat	iona an account our march, i forma					ļ
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Re	egistered Agent sa	gnature required	when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	☐ DELETE	1.1 TITLE			Chang	ge 🗌 Addition
NAME	MAPES, REED W		1.2 NAME	4	525 oth 54 W/		
STREET ADDRESS	435-10TH AVE. WEST		1.3 STREET AD	DORESS O	125 8th St W pradenton, FI	34205	-
CITY-ST-ZIP	PALMETTO FL 34221	□ PELETE	1.4 CITY-ST-Z		prudenton, FI	□ Chang	ge Addition
TITLE		☐ DELETE	2.1 TITLE			[_J Crians	,c
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET AD	1			
CITY-ST-ZIP		DELETE	2.4 CITY-ST-Z 3.1 TITLE	3P		Chang	ge
TITLE			3.2 NAME			-	
NAME STREET ADDRESS			3.3 STREET AD	ODRESS			
CITY-ST-ZIP			3.4. CITY-ST-Z				
TITLE	·	☐ DELETE	4.1 TITLE			☐ Chang	ge 🔲 Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST-ZIP			4.4 CITY-ST-Z	IP .		_	
TITLE		☐ OELETE	5.1 TITLE			. Chang	ge 🗌 Addition
NAME			5.2 NAME				. [
STREET ADDRESS			5.3 STREET AD	DRESS			
CITY-ST-ZIP			5.4 CITY-ST-Z	IP	.		
TITLE		DELETE	6.1 TITLE			Chang	ge 🗌 Addition
NAME	_		6.2 NAME	1			•
STREET ADDRESS			6.3 STREET AD	DDRESS			1

6.4 DITY-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 carporation 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR