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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90012 024 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000021258

1. Corporation Name

SOUTHEAST VOLUSIA DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						T TO BE SEED THE PERSON OF THE POSITION OF THE PERSON OF T	I B 1	
221 NORTH CAL		221 NORTH CAUSEWAY	NORTH CAUSEWAY					
NEW SMYRNA BEACH FL 32169-5239 NEW SMYRNA BEACH I			32169-5239			. DO NOT WRITE IN THIS SPACE		
	•	•				3. Date Incorporated or Qualifed		
						03/14/1995		
n Dain de et Di	and of Business	2a. Mailing Address				4. FEI Number Applied For		
2. Principal Pi	ace of Business	<u> </u>				59-3309282 Not Applica	_	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			***	\$8.75 Additiona	ı	
- Julie, Apr. 47, 616.		27				5. Certificate of Status Desired Fee Required		
City & State		City & State			_	6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country				This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent		
				81	Name		1	
SPENCE, EARLE H JR				82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
221 NORTH CAUSEWAY							<u> </u>	
NEW	SMYRNA BEACH FL 32169-5239			83			ş	
				84	City	85 Zip Code		
						oration submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stat	utes.	ile corporatio	on a board of directors. Thereby description appearance of the second		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
12.		DELETE	1.1 Ti	D.F.		☐ Change ☐ Ad		
TITLE	D SPENCE, EARLE H JR			1.2 NAME				
NAME				1.3 STREET ADDRESS				
STREET ADDRESS	NEW SMYRNA BEACH FL 32169-5239			1.4 CITY-ST-ZIP		•		
TITLE	D DELETE		_	2.1 TITLE		☐ Change ☐ Ad	dition	
NAME	HALL, MARK R		2.2 N	2.2 NAME				
STREET ADDRESS	AND NORTH GALLOCIVAY		2.3 5	2.3 STREET ADDRESS		•		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169-5239			2. 4 CITY-ST-ZIP		·		
TILE .	D DELETE		_	3.1 TITLE		☐ Change ☐ Ad	dition	
NAME	BERG, WARD		3.2 N	3.2 NAME			1	
STREET ADDRESS	1055 N. DIXIE FREEWAY		3.3 \$	3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	}	3.4. 0	ITY-ST	-ZIP		-	
TITLE		☐ DELETE	4.1 T	TLE		Change ☐ Ac	ldition	
NAME			4.21	IAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP	÷		4.4 C	ITY-ST-	·ZIP			
TITLE	☐ DELETE		5.1 T	5.1 TITLE		Change Ac	ldition	
NAME			5.2 N	AME.	1.		Ì	
STREET ADDRESS			5.3 S	TREET	ADDRESS		Ì	
CITY-ST-ZIP			5.4 C	ITY-ST	-ZIP	·		
TITLE	* *	☐ DELETE	6.1 T	ITLE	"	☐ Change ☐ Ac	ddition	
NAME			6.2 N	AME				
		2.3	6.3 S	TREET	ADDRESS	,	- 1	

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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP