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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033052 (8)

DEVELOPMENT & FINANCIAL RESOURCES CO.

Principal Place of Business Mailing Address

FILED Aug 29 1997 8:00am Secretary of State



398 LINKSIDE DRIVE DESTIN FL 32541		398 LINKSIDE DRIVE DESTIN FL 32541-4503						
					3. Date Incorporated or Qualified 04/24/1995	3a. Date	of Last I	•
-	lace of Business	2a. Mailing Address			4. FEI Number Applied For			
21	# 515	26			59-3335380			ot Applicable
Suite, Apl. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country Zip Cou			ry	8. This corporation has liability for intangible tax under s 199 032, Florida Statutes Yes 12 No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Ag	jent	
	Y, BILLY		8	1 Name				
	LINKSIDE DRIVE ITIN FL 32541		8	2 Street Add	dress (P.O. Box Number is Not Acceptable	le)		
			В	3				
			8	4 City		FL	85 Zip	Code
11. Pursuant l office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	02 and 607.1508, Florida Statut e of Florida Such change was pations of, Section 607.0505, Fl	tes, the abo authorized I orida Statut	ve-named cor by the corpora es.	poration submits this statement for the putation's board of directors. I hereby accept	irroces of c	hanging ntment as	its registered s registered
SIGNATURE								
12.	Signature, typed or printed name of registered as	iont and title if applicable (NOI ID DIRECTORS		gent signature requ	ired when reinstating)	DATE		
TITLE	D OFFICENS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICE		Change	Addition
NAME	EARLES, CHARLES E		1.2 NAMI			L.	_ Onlings	L AUGUOU
STREET ADDRESS	3218 BAY ESTATES			ET AUDRESS				
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-					
TITLE	D	DELETE	211111.				Change	Addition
NAME	HEFNER, DONALD B		2.2 NAME					
STREET ADDRESS	974 EMERALD BAY DRIVE		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541	Deter	2. 4 CITY			3 9 .		
TITLE	D DAY BULY	☐ DELETE	3.1 HTLE			L	_ Change	Addition
NAME STREET ADDRESS	GRAY, BILLY 398 LINKSIDE DRIVE		3.2 NAME					
CITY-ST-ZIP	DESTIN FL 32541		1	T ADDRESS				
TITLE	DE01114 1 C 02047	DELETE	3.4 CITY 4.1 TITLE				Change	Addition
NAME			4. 2 NAM			_) and Re	CT Vacation
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME				-	
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5 4 C/1Y-	S1 - ZIP				
TITLE		DELETE	61 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS	1		6.3 STREE	1 ADDRESS				
CITY-ST-ZIP			6.4 CITY-	\$1-7(P				

14. 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 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 12 or on an attachment with an address.