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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthagu Secretary of State

DIVISION OF CORPORATIONS

1996

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Wayne

Weyrauch

SIGNATURE

P95000038332 (9)

## **BUSINESS DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address 3000 FOX COURT 3000 FOX COURT INVERNESS FL 34452-3646 INVERNESS FL 34452-3646 3. Date Incorporated or Qualified 3a. Date of Last Report 05/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 8047 N. CArl G. Rose Hwa 8047 N. CArl G. Rose Hwy. 59-3317615 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Hernando, FL 23 Hernando, FL. Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Citrus 24 34442 30 Citrus 🔲 Yes 🔲 No 29 34442 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SCHAFFNER, DANIEL K Street Address (P.O. Box Number is Not Acceptable) 839-B KEENE ROAD N. **CLEARWATER FL 34615** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typical or prince or nume of registered agent and time it applicable (NOTE: Bugisteres) Agend signature required when reinstating CR2E034 (12/95) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President X Addition DELETE TITLE 1.1111.5 Change NAME Wayne A. Weyrauch 8047 N. CArl G. Rose Hwy. STREET ADDRESS 13 STHEET ADDRESS Hernando, FL. 34442 CITY - ST - ZIP 1.4 CITY - \$1 - 7(P) ☐ DELETE 2 1 TITLE THTLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-21P 2.4 C(TY - S1 - Z)F TITLE DELETE Add tion Change 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4 CITY - ST - ZIP ☐ DELETE THE 4 1 TITLE Cnange Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 44 CITY SE ZIP ☐ DELETE TITLE 5 1 TITLE Change Add tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - ZIP DELETE TITLE 6 1 TiT, F Change Add tion NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CHTY - ST-ZIP 6.4 City - St - ZiP

14. Ido hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on the arriver 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 directly right is corporation or the recognized truestee en-powered to secure this report as required by Chapter 607, Florida Statutes; and that my name annears in Block 12 or Block or the corporation of the recognized truestee en-powered to secure this report as required by Chapter 607, Florida Statutes; and that my name

4/25/96

352-860-1340