Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90146 044 ***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

DOCUMENT # P95000045309

1. Corporation Name

HLA DEA	/ELOPMENT COMPANY, IN	IU.				
Principal Place	e of Business	Mailing Address		1 (20)(30) (10 10) # 11(1) # 11(1)		
1905 S FLORIDA		1905 S FLORIDA AVE				
LAKELAND FL 33803 US LAKELAND FL 33803 US			DO NOT WRITE IN THIS	SPACE		
US		03		3. Date Incorporated or Qualifed		
				06/06/1995		1
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Арр	lied For
21		26		59-3321143	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad Fee Red	I
City & State		City & State		6. Election Campaign Financing	\$5.00 1	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Registered		□No
	9. Name and Address of Curre	nt Registered Agent	81 Name		Agent	
JON	es.(Guerry r 🕽		ナ !	R. GUERRY JONES	<u> </u>	
1905	S FLORIDA AVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)		ì
LAKE	Eland Fl 32803		83			
			84 City		85 Zip C	ode.
				FL FL	_	-
office or re	adictored agent of hold in the State	POLEIOTICA SUCO COMO CHE WAS AUT	nonzeu DV ine Corborau	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its r intment as reg	registered gistered
agent. I ar	m familiar with a d accept the oblig	ations of, Section 607.0505, Florid	a Statutes.		_	
agent. I ar SIGNATURE	m familiar with and accept the oblig	ations of, Section 607.0505, Florid	OUERRY JON	ES 1-5-9	_	}
agent. I ar SIGNATURE	m familiar with and accept the oblig	ations of, Section 607.0505, Florid	a Statutes. SUERRY JON egistered Agent signature require	DATE 1-5-9	9	
agent. I ar SIGNATURE	m familiar with and accept the oblig	ations of, Section 607.0505, Florid	OUERRY JON	ES 1-5-9	9	
agent. I ar SIGNATURE 12. TITLE	Signature, typed of printed name of registered of OFFICERS A	Anjunct file if applicable (NOTE: R	egistered Agent signature require	DATE 1-5-9	9 ND DIRECTOR	RS IN 12
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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, or an an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

R. GUERRY JONES