

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049067 (8)

1. Corporation Name

EP DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

505 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

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ENGLEWOOD FL 34223



3. Date Incorporated or Qualified

3a. Date of Last Report

06/22/1995

4. FEI Number

65-0593079

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KORSZEN, DOROTHY
505 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and town if applicable

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME KORSZEN, DOROTHY
STREET ADDRESS 2060 LARSON STREET
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ DELETE
NAME KORSZEN, BOGIE
STREET ADDRESS 2060 LARSON STREET
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ DELETE
NAME MURPHY, ROBERT T
STREET ADDRESS 2822 NORWOOD LANE
CITY-ST-ZIP VENICE FL

TITLE D ☐ DELETE
NAME MURPHY, VICKIE H
STREET ADDRESS 2822 NORWOOD LANE
CITY-ST-ZIP VENICE FL

TITLE D ☐ DELETE
NAME MURPHY, GERALD
STREET ADDRESS 421 SHAMROCK DRIVE
CITY-ST-ZIP VENICE FL 34292

TITLE D ☐ DELETE
NAME MURPHY, MYRIAM L
STREET ADDRESS 2030 WHITE FEATHER LANE
CITY-ST-ZIP NOKOMIS FL 34275

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy L. Korszen 6/10/96 475 0703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Typed Name)

CR2E034 (3/96)