

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 12 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000049067 (8)

1. Corporation Name

EP DEVELOPMENT CORP.

Principal Place of Business

505 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

Mailing Address

505 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

06/18/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 730 COMMERCE DRIVE

Suite, Apt. #, etc.

22

City & State

23 VENICE FLORIDA

Zip

24 34292

Country

25 USA

2a. Mailing Address

26 730 COMMERCE DRIVE

Suite, Apt. #, etc.

27

City & State

28 VENICE FLORIDA

Zip

29 34292

Country

30 USA

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

BOB MURPHY

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

730 COMMERCE DRIVE

83

84 City

VENICE

FL

85 Zip Code

34292

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

Robert A. Murphy (ROBERT T. MURPHY)

(NOTE: Registered Agent signature required when reinstating)

DATE

9-4-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
KORSZEN, DOROTHY
STREET ADDRESS 2080 LARSON STREET
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ DELETE

NAME D
KORSZEN, BOGIE
STREET ADDRESS 2080 LARSON STREET
CITY-ST-ZIP ENGLEWOOD FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Dorothy L. Korszen Dorothy L. Korszen 8-1-97 941 1350303

CR2E034 (4/97)