

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 # P95000057303

1. Corporation Name

FLORIDA SITE DEVELOPERS, INC.

Principal Place of Business

11410 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

Mailing Address

11410 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90089 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

59-3345821

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6710 Still Point Drive 26 6710 Still Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Melbourne, FL

27 City & State
28 Melbourne, FL

24 Zip 32940 25 Country US

29 Zip 32940 30 Country US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODS, PETE

11410 SOUTH TROPICAL TRAIL

MERRITT ISLAND FL 32952

432 Lake Victoria
Circle
Melbourne, FL
32940

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WOODS, PETE
STREET ADDRESS 11410 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
Woods, Pete
432 Lake Victoria Circle
Melbourne, FL 32940

TITLE D
NAME WOODS, HEIDI
STREET ADDRESS 11410 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND FL 32952

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D
Woods, Heidi
432 Lake Victoria Circle
Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER D. WOODS, PRES. 4/16/99

Date

Daytime Phone #

(407) 242-6900

CR2E034 (1/98)