

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 # P95000058991

1. Corporation Name  
SERVCO DEVELOPMENT, INC.

Principal Place of Business  
715 E. BIRD STREET, SUITE 402  
TAMPA FL 33604

Mailing Address  
P.O. BOX 9186  
TAMPA FL 33674

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

PAYNE, GERALD D  
715 E BIRD STREET  
SUITE 402  
TAMPA FL 33604

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 hereby has 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's signature is not required.

DATE

12. OFFICERS AND DIRECTORS

|                |                   |          |
|----------------|-------------------|----------|
| TITLE          | PT                | [DELETE] |
| NAME           | PAYNE, GERALD D   |          |
| STREET ADDRESS | 715 E BIRD STREET |          |
| CITY-ST-ZIP    | TAMPA FL          |          |
| TITLE          | DS                | [DELETE] |
| NAME           | PAYNE, BETTY      |          |
| STREET ADDRESS | 715 E BIRD STREET |          |
| CITY-ST-ZIP    | TAMPA FL          |          |
| TITLE          | D                 | [DELETE] |
| NAME           | BIGGEASTAFF, JIM  |          |
| STREET ADDRESS | 715 E BIRD ST     |          |
| CITY-ST-ZIP    | TAMPA FL          |          |
| TITLE          |                   | [DELETE] |
| NAME           |                   |          |
| STREET ADDRESS |                   |          |
| CITY-ST-ZIP    |                   |          |
| TITLE          |                   | [DELETE] |
| NAME           |                   |          |
| STREET ADDRESS |                   |          |
| CITY-ST-ZIP    |                   |          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                     |
|-------------------|---------------------|
| 11 TITLE          | [Change] [Addition] |
| 12 NAME           |                     |
| 13 STREET ADDRESS |                     |
| 14 CITY-ST-ZIP    |                     |
| 21 TITLE          |                     |
| 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    |                     |

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\*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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. 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

Gerald D. Payne

FILE

FILE

FILED

99 FEB 12 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

4. FEI Number

59-3175253

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]

10. Name and Address of New Registered Agent

CR2E034 (11/98)