

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90010 031 ***550.00

OCUMENT # **P95000060619**
Corporation Name
CSJ DEVELOPMENT CORPORATION



Principal Place of Business
8 SR 52
HUDSON FL 34667

Mailing Address
7318 SR 52
HUDSON FL 34667
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1995	
4. FEI Number 59-3342864	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NEGENT, JOHN L JR 7318 SR 52 HUDSON FL 34667	
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	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ET ADDRESS	DP NUGENT, JOHN L JR. 7318 SR 52 HUDSON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		1.2 NAME			
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
ET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		2.2 NAME			
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
ET ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		3.2 NAME			
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
ET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		4.2 NAME			
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
ET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		5.2 NAME			
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
ET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP		6.2 NAME			
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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.

SIGNATURE: **JOHN L. NUGENT, JR.** 9/1/99 727-862-9434

CR2E034 (5/99)