

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000072557 (8)

1. Corporation Name

H.L.B. - VINES DEVELOPMENT, INC.



Principal Place of Business

SPRINGS PLAZA, SUITE 294
BONITA SPRINGS FL 33923

Mailing Address

SPRINGS PLAZA, SUITE 294
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

09/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 8951 Bonita Beach Road

26 P. O. 2526

4. FEI Number

65-0616508

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 294

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Bonita Springs, FL

28 Bonita Springs, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33923

25 Lee

29 33959

30 Lee

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALVATORE, LEO J
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 33940-3060

81 Name

BROWN, HOMER L.

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

25157 GOLF LAKE CIRCLE

83

84 City

BONITA SPRINGS,

FL

85 Zip Code
33923

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 *Homer L. Brown*

Homer L. Brown, President

April 23, 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DPS ☐ Change ☒ Addition
1.2 NAME BROWN, HOMER L.
1.3 STREET ADDRESS 25157 Golf Lake Circle
1.4 CITY-ST-ZIP Bonita Springs, FL 33923

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME BROWN, DONALD P.
2.3 STREET ADDRESS 25182 Golf Lake Circle
2.4 CITY-ST-ZIP Bonita Springs, FL 33923

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE V ☐ Change ☒ Addition
3.2 NAME BROWN, PRESTON R.
3.3 STREET ADDRESS 25692 Stillwell Pkwy
3.4 CITY-ST-ZIP Bonita Springs, FL 33923

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Homer L. Brown*

HOMER L. BROWN

April 23, 1996 (941) 947-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)