

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

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

04-21-1999 90190 044 ***158.75

DOCUMENT # P95000077741

1. Corporation Name

MORTGAGE DEVELOPMENT & INVESTMENT CORPORATION



Principal Place of Business

9853 N. TAMiami TRAIL
DUTCHESS CENTRE
NAPLES FL 34108

Mailing Address

9853 N TAMiami TRAIL #106-106
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

65-0630464

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

21 9853 N. TAMiami TRAIL

Suite, Apt. #, etc.

22 SUITE 314

City & State

23 NAPLES, FL

Zip

24 34108

Country

25 COLLIER

2a. Mailing Address

26 9853 N. TAMiami TRAIL

Suite, Apt. #, etc.

27 SUITE 314

City & State

28 NAPLES, FL

Zip

29 34108

Country

30 COLLIER

9. Name and Address of Current Registered Agent

STRICKLAND, LINDA
9853 N. TAMiami TRAIL #106-106
DUTCHESS CENTRE
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

LINDA STRICKLAND

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

9853 N TAMiami TRAIL

83 Suite, Apt. #, etc.

SUITE 314

84 City

NAPLES

85 State

FL

86 Zip Code

34108

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

12. OFFICERS AND DIRECTORS

TITLE PS
NAME STRICKLAND, LINDA
STREET ADDRESS 5100 N. TAMiami TRAIL, SUITE 126
CITY-ST-ZIP NAPLES FL 33940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS
1.2 NAME LINDA STRICKLAND
1.3 STREET ADDRESS 9853 N. TAMiami TRAIL, SUITE 314
1.4 CITY-ST-ZIP NAPLES, FL 33940

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

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

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

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

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

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: *Linda Strickland* / SECRETARY / 2/8/99 (941) 593-9440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #