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FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000082550 (1)

1. Corporation Name  
C.V. DEVELOPERS, INC.



Principal Place of Business

727 HIGHWAY 98 EAST  
DESTIN FL 32540

Mailing Address

POST OFFICE BOX 489  
DESTIN FL 32540-0489

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3350344

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KRAEMER, MARY K  
727 HIGHWAY 98 EAST  
DESTIN FL 32540

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

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

1.1 TITLE ☐ DELETE

NAME  
D SHOULTS, HOWARD RAY  
STREET ADDRESS  
POST OFFICE BOX 1805 N/A  
CITY - ST - ZIP  
DESTIN FL 32540

1.2 NAME ☐ DELETE

NAME  
D NEWMAN, BOBBY R  
STREET ADDRESS  
POST OFFICE BOX 1805 N/A  
CITY - ST - ZIP  
DESTIN FL 32540

1.3 STREET ADDRESS ☐ DELETE

NAME  
D  
STREET ADDRESS  
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ DELETE

NAME  
D  
STREET ADDRESS  
CITY - ST - ZIP

1.5 CITY - ST - ZIP ☐ DELETE

NAME  
D  
STREET ADDRESS  
CITY - ST - ZIP

1.6 CITY - ST - ZIP ☐ DELETE

NAME  
D  
STREET ADDRESS  
CITY - ST - ZIP

1.7 CITY - ST - ZIP ☐ DELETE

NAME  
D  
STREET ADDRESS  
CITY - ST - ZIP

SIGNATURE: *Bobby R. Newman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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 or on an attachment with an address.

SIGNATURE:

*Bobby R. Newman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97

Date

904-837-6630

Daytime Phone #

0487548

CR2E034 (9/96)