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FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

31 36468 Emerald Coast Pkwy

Suite, Apt. #, etc.

1201

City & State

23 Destin, FL

Zip

24 32541

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

TITLE ☐ DELETE

NAME **D SHOULTS, HOWARD RAY**

STREET ADDRESS **POST OFFICE BOX 1805 N/A**

CITY-ST-ZIP **DESTIN FL 32540**

TITLE ☐ DELETE

NAME **D NEWMAN, BOBBY R**

STREET ADDRESS **POST OFFICE BOX 1805 N/A**

CITY-ST-ZIP **DESTIN FL 32540**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **36468 Emerald Coast Pkwy, Suite 1201**

1.4 CITY-ST-ZIP **DESTIN, FL 32541**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **36468 Emerald Coast Pkwy, Suite 1201**

2.4 CITY-ST-ZIP **DESTIN, FL 32541**

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 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

CR2E034 (10/97)