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**

DOCUMENT # **P95000082550**

C.V. DEVELOPERS, INC.

Mailing Address POST OFFICE BOX 489

Principal Place of Business 36468 EMERALD COAST PKWY #1201 DESTIN FL 32541 DESTIN FL 32540 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 10/27/1995 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business Coast Ru 26 36468 Emeral 59-3350344 Not Applicable 21 \$8.75 Additional Suite, Apt, #, etc. 5. Certificate of Status Desired П Fee Required 1201 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 FL Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes the current year Intangible 30 <u> 3254</u> Personal Property Tax. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KRAEMER, MARY K Street Address (P.O. Box Number is Not Acceptable) 82 727 HIGHWAY 98 EAST **DESTIN FL 32540** 83 Zip Code 85 84 City 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, of 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, a manufacture of the purpose of changing its registered agent. I am familiar with the accept the appointment as registered agent. I am familiar with the accept the appointment as registered agent. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 Change ☐ Addition □ DELETE TITLE 1.1 TITLE SHOULTS, HOWARD RAY 1.2 NAME NAME 36468 EMERALD COAST PKWY #1201 STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL 32541** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE NEWMAN, BOBBY R NAME 36468 EMERALD COAST PKWY #1201 2.3 STREET ADDRESS STREET ADDRESS **DESTIN FL 32541** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 51 DD F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 deciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ceiver or trustee empowered to execute this report as tachment with an address, with all other like empower officer or director of the co Block 12 or Block 13 if one

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90034 042 ***150.00

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