

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
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90026 034 ***150.00

DOCUMENT # P95000083204

1. Corporation Name

SCI DEVELOPMENT, INC.

564957 - 90026 - 34

Principal Place of Business

Mailing Address

P.O. BOX 448

ELFERS, FL 34680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

October 31, 1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3342346

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

23

28

Zip

Country

Zip

Country

Trust Fund Contribution

Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Linda Glasgow

11515 White Owl Lane

Port Richey, FL 34668

81 Name

Edward C. Gavarny

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

12491 Old Crystal River Road

83

84 City

Brooksville

FL

85 Zip Code

34601

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 Edward C. Gavarny

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 17 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input type="checkbox"/> DELETE
NAME	Andrew J. Mayts	
STREET ADDRESS	2873 Orange Grove Way	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Edward C. Gavarny	
STREET ADDRESS	12491 Old Crystal River Road	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Jerry A. Rhodes	
STREET ADDRESS	13103 Mink Run	
CITY-ST-ZIP	Hudson, FL 34669	
TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Andrew J. Mayts	
STREET ADDRESS	3005 San Jose	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Andrew J. Mayts	
13 STREET ADDRESS	3868 Timber Ridge Court	
14 CITY-ST-ZIP	Palm Harbor, FL 34685	
2.1 TITLE	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edward C. Gavarny	
2.3 STREET ADDRESS	12491 Old Crystal River Road	
2.4 CITY-ST-ZIP	Brooksville, FL 34601	
3.1 TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jerry A. Rhodes	
3.3 STREET ADDRESS	13103 Mink Run	
3.4 CITY-ST-ZIP	Hudson, FL 34669	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 17-99 931 2217

CR2E034 (11/98)