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Secretary of State

04-05-1999 90016 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095681

1. Corporation Name

RODEKALYLA DEVELOPMENT, INC.



Principal Place of Business

36944 CHURCH AVENUE
DADE CITY FL 33525

Mailing Address

36944 CHURCH AVENUE
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

59-3354734

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HINES, WILLIAM R
36944 CHURCH AVENUE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

HINES, Glorinda L.

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

36944 Church Avenue

83

84 City

Dade City

FL

85 Zip Code

33525

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 *Glenn S. Hines*

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

(NOTE: Registered Agent signature required when reinstating)

3-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME HINES, WILLIAM R
STREET ADDRESS 36944 CHURCH AVENUE
CITY-ST-ZIP DADE CITY FL 33525

TITLE D ☐ DELETE

NAME HINES, GLORIA L
STREET ADDRESS 36944 CHURCH AVENUE
CITY-ST-ZIP DADE CITY FL 33525

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 D/T/S ☐ Change ☒ Addition

1.2 NAME HINES, Linda

1.3 STREET ADDRESS 4433 McIntosh Park Dr., #509

1.4 CITY-ST-ZIP Sarasota, FL 34232

2.1 TITLE D/P ☒ Change ☐ Addition

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:

Glenn S. Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 352-521-5179
Date Daytime Phone #

CR2E034 (1/1/98)