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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000019796

1. Corporation Name

HUSKER DEVELOPMENT, INC.

Principal Place of Business
2424 CUDI EM DÓAD

FILED

Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90003 024 ***150.00



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Principal Plac	ce of Business	Mailing Address						,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		2424 CURLEW ROAD PALM HARBOR FL 34683									
							DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/01/1996					
2. Principal P	RIEW ROAD ARBOR FL 34683 2424 CURLEW ROAD PALM HARBOR FL 3468 256 Suite, Apt. #, etc. 27 & State Country Zip 29 9. Name and Address of Current Registered Agent O'KEEFE, DENNIS E 2424 CURLEW ROAD PALM HARBOR FL 34683 State de or registered agent, or both, in the State of Florida. Such change wa annut. I am familiar with, and accept the obligations of, Section 607.0505, TURE Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PD OLTMAN, JERRY B 2424 CURLEW ROAD PALM HARBOR FL 34683 O'KEEFE, DENNIS E 2424 CURLEW ROAD PALM HARBOR FL 34683 O'KEEFE, DENNIS E 2424 CURLEW ROAD PALM HARBOR FL 34683 O'KEEFE, DENNIS E 2424 CURLEW ROAD PALM HARBOR FL 34683					4.	FEI Number		A	pplied For	
21		26					59-3369721		N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Certifcate of Status Desired		\$8.75	Additional	
22						<u> </u>	Certificate of Glatus Desired		Fee R	equired	
City & Stat	te	City & State				6.	Election Campaign Financing	П	\$5.00	May Be .	
23	· . · · · · · · · · · · · · · · · · · ·					_	Trust Fund Contribution			to Fees	
Zip·			Count	try		8.	This corporation owes the curr	ent year int		п.,	
24	, ` , , , , , , , , , , , , , , , , , ,		30				Personal Property Tax.		Yes	□No	
				B1	Name	10.	Name and Address of New I	(egisterea	Agent		
O'K		tar e tage i s e g	Ľ	<u>'</u>	14amo						
2424 CURLEW ROAD			ε	82 :	Street Addre	eet Address (P.O. Box Number is Not Acceptable)					
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office or r	registered agent, or both, in the State of	f Florida. Such change was au	thorized b	by the							
SIGNATURE										<u> </u>	
40			_	gent si	ignature required		· · · · · · · · · · · · · · · · · · ·	DATE			
12.			13.	<u> </u>			ADDITIONS/CHANGES TO OF	FICERS AN	ND DIRECTO	DRS IN 12	
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NAME	•		1.2 NAM								
STREET ADDRESS			1.3 STR								
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TITLE	'-	□ DELETE	2.1 TITLE						☐ Change	Addition	
NAME			2.2 NAM						,		
STREET ADDRESS	-	S 200 1	2.3 STRE							_	
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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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 16 if changed, or on an attaching my with any address, with all other like empowered.

SIGNATURE