

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90091 037 \*\*\*150.00

0524234

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000081638**

1. Corporation Name  
**PENMAC DEVELOPMENT CORPORATION**

Principal Place of Business  
**4255 N GULF SHORE BLVD #1402  
 NAPLES FL 33940**

Mailing Address  
**111 CALLAWAY COURT  
 #202  
 BOWLING GREEN KY 42103**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/02/1996</b>	4. FEI Number <b>65-0702314</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business 21 <b>3500 Lakeshore Drive</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Bonita Springs, FL</b>	City & State 28
Zip 24 <b>34134</b>	Country 25 <b>Lee</b>
Country 29	Country 30

9. Name and Address of Current Registered Agent

**PINTER, MICHAEL R  
 4328 CORPORATE SQUARE  
 SUITE C  
 NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name  
**Raymond L. Schumann, Atty.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7370 College Parkway**

83  
**Suite 300**

84 City  
**Fort Myers** FL 85 Zip Code  
**33907**

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 **RAYMOND L. SCHUMANN** *[Signature]* DATE **1/25/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCINTOSH, BARRY</b>
STREET ADDRESS	<b>111 CALLAWAY COURT, SUITE 205</b>
CITY-ST-ZIP	<b>BOWLING GREEN KY 42103</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PENDLETON, R E</b>
STREET ADDRESS	<b>111 CALLAWAY COURT, SUITE 205</b>
CITY-ST-ZIP	<b>BOWLING GREEN KY 42103</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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]* **R.E. Pendleton** DATE **1-19-99** DAYTIME PHONE # **502-782-9751**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)