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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000084908

1. Corporation Name

ESTATES DEVELOPMENT OF PV, INC.



Principal Place of Business

9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256
 US

Mailing Address

9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3408362

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

STOKES, E. CHESTER JR
 9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE

NAME STOKES, E. CHESTER JR
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

1.1 TITLE Change Addition

TITLE V DELETE

NAME BERGMANN, THOMAS C
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE Change Addition

TITLE V DELETE

NAME BRAREN, MICHAEL E
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE Change Addition

TITLE T DELETE

NAME FREDENHAGEN, SHARON W
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE Change Addition

TITLE S DELETE

NAME HICE, SHERRY
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE Change Addition

TITLE V DELETE

NAME WALLACE, L D
 STREET ADDRESS 9551 BAYMEADOWS RD #4
 CITY-ST-ZIP JACKSONVILLE FL 32256

6.1 TITLE Change Addition

6.2 NAME Wallace, L Denise

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE: *Sherry Hice* Sherry Hice

4/23/99

904/739-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)