Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90003 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087684

KIMBER	co devel	OPME1	NT, INC.										
Principal Place	e of Business			Mailing Address						Blifffi ten inern abter	BOIN OBIN BAN DOI	41 18111 18919 81191 1	
7870 CANYON LAKE CIR P.O. BOX 617131 ORLANDO FL 32835 ORLANDO FL 32861													
US US									DO NOT WRITE IN THIS SPACE				
									3. Date In 10/22	corporated or Qu /1996	alifed		
2. Principal Place of Business 2a. Mailing Address									4. FEI Number			App	lied For
₂₁ 572	8 Ma	in B	<i>'\\\\</i>	26			59-34	20140		Not	Applicable		
Suite, Art.	#, etc.) 01 1	1 F 64 1	Suite, Apt. #, etc.			E Cortifor	te of Status Des	red 🗌	\$8.75 A			
22 4#	255			27					g. Certifica	te or Status Des	red 🗀	Fee Red	Juired
City & Stat	ando	F	L.	City & State			6. Efection Campaign Financing S5.00 May Be Trust F and Contribution Added to Fees						
23 Orlo 24 328		Count	S A	Zip	30	ountry	,		I	poration owes that Property Tax.	e current year		[]No
24, 000				t Registered Agent					10. Name	ind Address of	New Registere	d Agent	
			_			81	Nam	ie .					
HAUPT, JANIE							Stree	ot Ad.	trace /P.O. Boy	Number is Not A	ccentable)		
5231 TIMBERVIEW TERRACE							Sue	er Au-1	iless (F.O. DOX	Number 13 Not 2	есерииле,		
OFIL	ANDO FL 3	2819				83							
						84	Cit					, 85 Zip C	de l
						84	City				F	_ ⁶³ ² ²	
office or a	registered age ım familiar witl	ent, or bot h, and ac	n, in the State cept the obliga	2 and 607.1508, Florida of Florida. Such change tions of, Section 607.050 nt and little if applicable.	was authoriz 5, Florida St	ed by atutes	the co	rpora	poration submit- ion's board of d	this statement trectors. I hereby	or the purpose accept the app	of changing its i ∍intment as reg	registered ji stered
12.	Signature, typec t	<u> </u>		ID DIRECTORS	1					NS/CHANGES	O OFFICERS	ND DIRECTO	RS IN 12
TITLE	D			DELE	TE 11	TITLE						Change	Addition
NAME	MOODY, I	D. DAVID			1.2	NAME		İ					
STREET ADDRESS					1.3	STREE	TADDRES	ss					i
CITY-ST-ZIP	ORLANDO		(* " ")		1.4	CITY-S	ST-ZIP						
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NAME					2.2	NAME							
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CITY-ST-ZIP					2.	4 CITY-S	ST-ZIP						
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TITLE				☐ DELE	TE 4.1	TITLE						Change	Addition
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CITY-ST-ZIP					4.4	CITY-S	T-ZIP						
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate 1 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.

6.4 CITY-ST-ZIP

5.2 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

4.26.99 407.352.1222 hata Javime Phone #

Addition

☐ Change