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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthais

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101213 (2)

GENERA	L DEVELOPMENT, INC.						
Principal Plac	e of Business	Mailing Ac	ldress			* * * * * * * * * * * * * * * * * * *	U
2822 CIRCLE RIDGE DR ORANGE PARK FL 32065		2822 CIRCLE RIDGE DR ORANGE PARK FL 32065-5766					
. •						12/13/1996	Date of Last Report
2. Principal P	lace of Business	2a, Mailing	Address			4. FEI Number	Applied For
21		26				59-34/35/0	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired	\$8.75 Additional
22 City 8 Ctat		27					Fee Required
City & Stat	e	Cily & State				6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>Zip</b>	Country	Zip Country				Trust Fund Contribution	Added to Fees
24	25	29	<u> </u>	30		8. This corporation has liability for intang Florida Statutes Yes	Die tax under s. 199.032,
24	9. Name and Address of Curren			301		10. Name and Address of New Register	
WILLIAMS, JAMES D				81	Name		
2822	CIRCLE RIDGE DR NGE PARK FL 32065				Street Add	Address (P.O. Box Number is Not Acceptable)	
Ona	NGC PARK FL 32003			83			
			84	City	F	85 Zip Code	
office or r agent. I s SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig signature, typed or printed name of registered age	ations of, Section	n 607.0505, Flor	ida Statutes		poration submits this statement for the purposition's board of directors. I hereby accept the interest when reinstating)	
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE			Change Addition
NAMÉ	WILLIAMS, JAMES D			1.2 NAME			
STREET ADDRESS	2822 CIRCLE RIDGE DR			1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065			1.4 CITY-S	T-ZIP		
TITLE	D		DELETE	2.1 TITLE			Change Addition
NAME	WILLIAMS, JAMES B			2.2 NAME			
STREET ADDRESS	2822 CIRCLE RIDGE DR			2.3 STREET	ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32065			2 4 CITY- 5	31 - ZIP		
TITLE	D		DELETE	31 TITLE			☐ Change ☐ Addition
NAME	WILLIAMS, JOYCE A			3.2 NAME			
STREET ADDRESS	2822 CIRCLE RIDGE DR			3.3 STREET	ADDRESS .		
CITY-ST-ZIP	ORANGE PARK FL 32065			3.4. CITY- 9	ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE			☐ DELETE	41 TITLE			☐ Change ☐ Addition
NAME				4 2 NAME	-		
STREET ADORESS				4 3 STREET	ADDRESS		,
CITY-ST-ZIP				4 4 CITY-S	T- ZIP		
TITLE			DELETE	51 TITLE			Change Addition
NAME				52 NAME		A	D/J/J/n
STREET ADDRESS				5 3 STREET	ADDRESS	<b>7</b> /2	14/14/92
CITY-ST-ZIP				5.4 DITY - S	1 - ZIP		( -( / / -
TITLE			☐ DELFTÉ	6.1 TITLE			Change Addition
NAME				6 2 NAME		6000022 <b>14</b> 3 -06/17/9701034	356
STREET ADDRESS				6.3 STREFT	ADDRESS	-06/17/9701034	032

14. I do 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 indicated on this 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 of 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.

CIONATURE.

4/29/9

R2E034 (9/96)

**FILED** 

Jun 16 1997 8:00am

Secretary of State