


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90036 043 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P96000101857**

1. Corporation Name

**DRC DEVELOPMENT CORP.**

Principal Place of Business

**18260-C PAULSON DRIVE**  
**PORT CHARLOTTE FL 33954**

Mailing Address

**18260-C PAULSON DRIVE**  
**PORT CHARLOTTE FL 33954**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/17/1996**

4. FEI Number

**65-0746478**

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 19800 Veterans Blvd.**  
 Suite, Apt. #, etc.
2a. Mailing Address **1650 W. Marion Ave**
**26 c/o 18380 Paulson Drive**  
 Suite, Apt. #, etc.

City &amp; State

**23 Port Charlotte, FL**
City & State **Punta Gorda**
**28 Port Charlotte, FL**

Zip Country

**24 33954**

Zip Country

**29 33954**

30

9. Name and Address of Current Registered Agent

**WOLFF, DAVID C**  
**18260-C PAULSON DRIVE**  
**PORT CHARLOTTE FL 33954**

10. Name and Address of New Registered Agent

**81 Name Smith, Raymond J.**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**2164 Harbor Drive**

83

84 City

**Port Charlotte,****FL**

85 Zip Code

**33954**

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)

**5-3-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WOLFF, DAVID C	
STREET ADDRESS	24156 YACHT CLUB BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SMITH, RAYMOND J	
STREET ADDRESS	2164 HARBOR DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	GROSSMAN, CATHIE	
STREET ADDRESS	24166 YACHT CLUB BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
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	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DVST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1650 W. Marion Ave. #133
3.3 STREET ADDRESS	3840 Tripoli Blvd., #B
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/99**

Date

**941 993 0880**

Daytime Phone #

CR2E034 (1/98)