

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90026 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # **P97000002842**

1. Corporation Name

POLANA DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

**1931 DELLWOOD DRIVE
TALLAHASSEE FL 32303**

**1931 DELLWOOD DRIVE
TALLAHASSEE FL 32303**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3422601

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. ☐ Yes ☐ No

2. Principal Place of Business

21 2015 Delta Blvd

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27

City & State

23 Tallahassee, FL

City & State

28

Zip

24 32303

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HUTCHESON, DAVID W

1931 DELLWOOD DRIVE

TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

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

83 2015 Delta Blvd., Suite 200

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

TITLE ☐ DELETE

NAME **HUTCHESON, DAVID W**

STREET ADDRESS **1931 DELLWOOD DRIVE**

CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **SOMMER, GERHARD**

STREET ADDRESS **303 N. DAWSON ST**

CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2015 Delta Blvd., Suite 200

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

7-16-99

422-0020

0007436

CR2E034 (5/99)

P97000002842
596638-90026-25

POLANA DEVELOPMENT COMPANY

2015 Delta Blvd.
Suite 200
Tallahassee, FL 32303

July 23, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


Re: Document # P97000002842

Dear Sir or Madam:

We have enclosed our annual report and a check for \$150.

We have also enclosed a copy of the forwarding address as we have record of receiving the first notice. We have changed our address and request that you waive the \$400 penalty.

Sincerely,


Gerhard Sommer
SECRETARY POLANA