Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90024 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000010259

1. Corporation Name

SCHERER DEVELOPMENT & PROPERTY MANAGEMENT, INC.

	•					
Principal Place of Business Mailing Address					- I INDI(1884 IIIN (BILLI (BRI) (BRI) (BRI) BRINI 1887 II 1887 BRINI 1888 IBNI 1888 IBNI 1881	
2535 SUCCESS DR 2535 SUCCESS DR ODESSA FL 33556 ODESSA FL 33556						
US US						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 01/29/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-3431577 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Additional
27			•			5. Certificate of Status Desired Fee Required
City & State	3 -	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax. Yes No
	9. Name and Address of Curr	ent Registered Agent		81		10. Name and Address of New Registered Agent
DALLED SIGNADD W					Name	
BAKER, RICHARD W				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
2535 SUCCESS DR						
UDE	SSA FL 33556			83		į
				84	City	85 Zip Code
ı						FL
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						
0.010.101.2	Signature, typed or printed name of registered a	Bour our	<u> </u>	Agent	t signature required	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PD COURSE LOUBIA	☐ DELETE	1.1 TI3			C Shange C Assessing
NAME	SCHERER, J. CHRIS	<u>-</u>	1.2 NA		Ì	j
\$TREET ADDRESS	2535 SUCCESS DR				ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	The state	1.4 CF		-ZIP	☐ Change ☐ Addition
TITLE	VD ·	☐ DELETE	2.1 ∏		\	Criange
.NAME	SCHERER, USA L		2.2 NA			ļ
STREET ADDRESS	2535 SUCCESS DR		2.3 ST	REET	ADDRESS	,
CITY-ST-ZIP	ODESSA FL 33556		2. 4 CI			Change Addition
TITLE~	STD PIOUARD III	□ DELETE ·	3.1 TI		· •	
NAME	BAKER, RICHARD W		3.2 NA			
STREET ADDRESS	2535 SUCCESS DR				ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	□ perere	3.4. C		T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TI			[] Ollarigo [] Madilloli
NAME			4. 2 N			
STREET ADDRESS	w st		4.3 ST	REET	ADDRESS	,
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CI		r-zip	. ☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 NA		***************************************	
STREET ADDRESS			1		ADDRESS	}
CITY-ST-ZIP		□ octore	5.4 CI 6.1 TI	_	1-2119	☐ Change ☐ Addition :
TITLE .		☐ DELETE				□ Change □ Addition
NAME		•	6.2 N/			
STREET ADDRESS	,	•			ADDRESS	· ·
CITY-ST-ZIP	<u>'</u>		6.4 CI	TY-\$1	r-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: \(\)

CITY-ST-ZIP