

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90222 014 ***150.00

0481999

DOCUMENT # P97000012780

1. Corporation Name

QUALITY LAND DEVELOPMENT, INC.

Principal Place of Business
5500-A MARINA DRIVE
HOLMES BEACH FL 34217

Mailing Address
P.O. BOX 1232
HOLMES BEACH FL 34218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

65-0730537

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OBERHOFER, GREG
5500-A MARINA DRIVE
HOLMES BEACH FL 34217

81 Name

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

83

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
OBERHOFER, GREGORY E.
STREET ADDRESS
5909 FLOTILLA
CITY-ST-ZIP
HOLMES BEACH FL 34217

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ALBERT, LARRY
STREET ADDRESS
711 GLADIOLUS
CITY-ST-ZIP
ANNA MARIA FL 34216

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ALBERT, ALAN L.
STREET ADDRESS
711 GLADIOLUS
CITY-ST-ZIP
ANNA MARIA FL 34216

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ALBERT, STEVEN W.
STREET ADDRESS
711 GLADIOLUS
CITY-ST-ZIP
ANNA MARIA FL 34216

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
[Signature]
STREET ADDRESS
[Signature]
CITY-ST-ZIP
[Signature]

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
[Signature]
STREET ADDRESS
[Signature]
CITY-ST-ZIP
[Signature]

6.1 TITLE ☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

941-778-7127

Date

Daytime Phone #

CR2E034 (11/98)