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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028360 (0)

1. Corporation Name
PLAN DEVELOPERS, INC.



Principal Place of Business

Mailing Address

4900 MANATEE AVENUE WEST
SUITE 101
BRADENTON FL 34209

4900 MANATEE AVENUE WEST
SUITE 101
BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 11701 S. Belcher Rd

Suite, Apt. #, etc.

22 Suite 116

City & State

23 Largo, FL

Zip

24 3377

Country

25 Pinellas

2a. Mailing Address

26 11701 S. Belcher Rd.

Suite, Apt. #, etc.

27 Suite 116

City & State

28 Largo, FL

Zip

29 33773

Country

30

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

65-0761392

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COURTNEY, CALVERT N
2202 6TH STREET
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name David B. Stroyan
82 Street Address (P.O. Box Number is Not Acceptable)
14789 Seminole Trail
83 Seminole.
84 City
85 Zip Code FL 33776

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

David B. Stroyan, President

David B. Stroyan

4-23-98

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D P Stroyan, David B.
STREET ADDRESS 14789 Seminole Trail
CITY-ST-ZIP Seminole, FL. 33776

TITLE ☐ DELETE

NAME VP S T LaBonte, Leo L.
STREET ADDRESS 12096 - 84th Ave. N.
CITY-ST-ZIP Seminole, FL. 33772

TITLE ☐ DELETE

NAME D C Bullard, Fred B. Jr.
STREET ADDRESS 2325 Uimerton Rd. Ste 20
CITY-ST-ZIP Clearwater, FL. 34622

TITLE ☐ DELETE

NAME D McNeel, Van L.
STREET ADDRESS 5401 W. Kennedy Blvd # 751
CITY-ST-ZIP Tampa, FL. 33609

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

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:

David B. Stroyan

4-23-98 (813) 523-8100

CR2E034 (10/97)