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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000028360

1. Corporation Name
PLAN DEVELOPERS, INC.

Principal Place of Business

11701 S BELCHER RD
STE 116
LARGO FL 33776
US

Mailing Address

11701 S BELCHER RD
STE 116
LARGO FL 33773
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4900 Manatee Ave. W

Suite, Apt. #, etc.

22 #101

City & State

23 Bradenton, Fla.

Zip

24 34209

Country

25 Manatee

2a. Mailing Address

26 4900 Manatee Ave. W

Suite, Apt. #, etc.

27 #101

City & State

28 Bradenton, Fla.

Zip

29 34209

Country

30 Manatee

9. Name and Address of Current Registered Agent

STROYAN, DAVID B.
14789 SEMINOLE TRAIL
SEMINOLE FL 33776

10. Name and Address of New Registered Agent

81 Name Calvert N. Courtney

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

2202 - G ST. W

83 Palmetto, Fla.

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 607.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 information.

SIGNATURE

Signature and typed or printed name of signing officer or director

DATE

Daytime Phone #

Calvert N. Courtney 4/15/99 941-750-8767

CR2E034 (11/98)