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PROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # **P97000031292**

1. Corporation Name
**ELDROD DEVELOPMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4501 TAMIAMI TRL. N. STE. 400<br>NAPLES FL 34103 | 4501 TAMIAMI TRL. N. STE. 400<br>NAPLES FL 34103 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1997

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5801 Pelican Bay Blvd. | 26 5801 Pelican Bay Blvd. |
| Suite, Apt. #, etc. 22 300 | Suite, Apt. #, etc. 27 300 |
| City & State 23 Naples, FL | City & State 28 Naples, FL |
| Zip 24 34108-2709 Country 25 USA | Zip 29 34108-2709 Country 30 USA |

4. FEI Number: 65-0743922 ☐ 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

**9. Name and Address of Current Registered Agent**

WILSON, GARY
4501 TAMIAMI TRL., N., STE. 400
NAPLES FL 34103

**10. Name and Address of New Registered Agent**

81 Name: WILSON, GARY
82 Street Address (P.O. Box Number is Not Acceptable): 5801 Pelican Bay Blvd.
83 Suite 300
84 City: Naples FL 85 Zip Code: 34108-2709

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ELDREDGE, TIM | | 1.2 NAME | | |
| STREET ADDRESS | P.O. BOX 78283 N/A | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | INDIANAPOLIS IN 46278 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FINE, ROGER | | 2.2 NAME | | |
| STREET ADDRESS | P.O. BOX 11448 N/A | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL 34101 | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D | XX Change ☐ Addition |
| NAME | WISLON, GARY K | | 3.2 NAME | WILSON, GARY K. | |
| STREET ADDRESS | 4501 TAMIAMI TRL., N., STE. 400 | | 3.3 STREET ADDRESS | 5801 PELICAN BAY BLVD., #300 | |
| CITY-ST-ZIP | NAPLES FL 34103 | | 3.4 CITY-ST-ZIP | NAPLES, FL 34108-2709 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 empowered.

**SIGNATURE:** Roger Fine V.P. March 18, 1999 317-875-4050
SIGNATURE OF OFFICER OR DIRECTOR NAME OF OFFICER OR DIRECTOR
ROGER FINE, Vice President