

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

99 JAN 15 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000045663 (6)

1. Corporation Name
AMERCOR DEVELOPERS, INC.

Principal Place of Business

3419 RIVERDALE DRIVE
DADE CITY FL 33525

Mailing Address

3419 RIVERDALE DRIVE
DADE CITY FL 33525

wrong moved

REINSTATEMENT

3. Date Incorporated or Qualified

05/21/1997

2. Principal Place of Business

21 8736 McHendree Rd

Suite, Apt. #, etc.

22

City & State

23 Zephyrhills FL

Zip

24 33544

Country

25 USA

2a. Mailing Address

26 8736 McHendree Rd

Suite, Apt. #, etc.

27

City & State

28 Zephyrhills FL

Zip

29 33544

Country

30 USA

4. FEI Number

59-34 55350

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

WALLER, CHARLES D
37927 LIVE OAK
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE D
NAME SMITH, RAYMOND L
STREET ADDRESS 3419 RIVERDALE DRIVE
CITY-ST-ZIP DADE CITY FL 33525

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition
1.2 NAME Stephanie Newsome
1.3 STREET ADDRESS 8736 McHendree Rd.
1.4 CITY-ST-ZIP Zephyrhills, FL. 33544

2.1 TITLE officer ☒ Change ☐ Addition
2.2 NAME Raymond L. Smith
2.3 STREET ADDRESS 8736 McHendree Rd.
2.4 CITY-ST-ZIP Zephyrhills, FL. 33544

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 300002750923--8
3.3 STREET ADDRESS -01/22/99--01009--011
3.4 CITY-ST-ZIP ***900.00 ***900.00

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)(l), 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: Stephanie Newsome Secretary (813) 907-8858
1-12-99

0082295

CR2E034 (5/98)