

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 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 # P97000078206 (4)

1. Corporation Name

BUSINESS DEVELOPMENT SPECIALISTS, INC.



Principal Place of Business

5111-6 BAYMEADOWS RD., STE. 222
JACKSONVILLE FL 32217-4899

Mailing Address

5111-6 BAYMEADOWS RD., STE. 222
JACKSONVILLE FL 32217-4899

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1997

4. FEI Number

59-3472275

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

2. Principal Place of Business

2a. Mailing Address

21 4457 BARRINGTON OAKS DR

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32257

25 FL

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, JAMES V
217 PONTE VEDRA PARK DR.
PONTE VEDRA BEACH FL 32082

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MOTSETT, JON B
STREET ADDRESS 5111-6 BAYMEADOWS RD., STE. 222
CITY-ST-ZIP JACKSONVILLE FL 32217-4899

TITLE D
NAME MOTSETT, JILL S
STREET ADDRESS 5111-6 BAYMEADOWS RD., STE. 222
CITY-ST-ZIP JACKSONVILLE FL 32217-4899

TITLE D
NAME MOTSETT, MARY T
STREET ADDRESS 5111-6 BAYMEADOWS RD., STE. 222
CITY-ST-ZIP JACKSONVILLE FL 32217-4899

TITLE D
NAME MOTSETT, BRIAN W
STREET ADDRESS 5111-6 BAYMEADOWS RD., STE. 222
CITY-ST-ZIP JACKSONVILLE FL 32217-4899

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

900002517299

-05/08/98--01080--014

***150.00

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:

[Signature]

4/10/98

904 730 0154

CR2E034 (10/97)