

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P97000078206**

1. Corporation Name

**BUSINESS DEVELOPMENT SPECIALISTS, INC.**

Principal Place of Business

7400 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE FL 32256

Mailing Address

7400 BAYMEADOWS WAY  
SUITE 200  
JACKSONVILLE FL 32256

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSTD**  
**MOTSETT, CHARLES B**  
STREET ADDRESS **4457 BARRINGTON OAKS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ DELETE

NAME **CD**  
**GHEGAN, JOHN T**  
STREET ADDRESS **1257 QUEENS HARBOR BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Charles B. Motsett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 20 '99*  
Date  
*904 730-0654*  
Daytime Phone #

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90026 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)

0006871



**BUSINESS DEVELOPMENT SPECIALISTS, INC.**  
*Smart Growth For Business*

P97000078206  
596657-90026-44

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Enclosed are our completed 1999 Profit Corporation Annual Report and our check for \$158.75 (\$150.00 annual filing fee plus \$8.75 for the Certificate of Status). Also enclosed are copies of our articles of merger and associated documentation to verify that our company's status and physical location have changed since last year's filing.

Our purpose in enclosing the additional documentation is to validate our claim that we did not receive the first notice. The first notice, which we were informed was mailed in January, apparently went to our previous address and was not forwarded.

We hereby request a waiver of the late filing penalty based on the fact that we did not receive the first notice. Thank you for your consideration.

Sincerely,

CB Motsett, PMC  
Principal

Encl.