

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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90001 023 ***150.00

DOCUMENT # P97000092809
1. Corporation Name
SCHOONER DEVELOPMENT COMPANY

604057 - 90001 - 23



Principal Place of Business
**4117 ALPINE WAY
TALLAHASSEE FL 32303**

Mailing Address
**4117 ALPINE WAY
TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1997

4. FEI Number

59-3475859

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVINGOOD, SANFORD B
4117 ALPINE WAY
TALLAHASSEE FL 32303**

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 **D** ☐ DELETE
NAME **LOVINGOOD, SANFORD B**
STREET ADDRESS **4117 ALPINE WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ DELETE
NAME **MAYFIELD, EMORY L ;**
STREET ADDRESS **4223 CAPITAL CIR N.W.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ DELETE
NAME **FISH, KENNETH G ;**
STREET ADDRESS **720-E CAPITAL CIR. N.E.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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: Sanford B. Lovingood **REQUIRED**

8-1-99
~~3-9-99~~

850-644-3484

CR2E034 (5/99)

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604057-90001-23

28000000

August 4, 1999

To Whom It May Concern:
Division of Corporations
Department of State
P.O.Box 6327
Tallahassee, Florida 32314

Upon receiving this application stamped second notice I realized that we had not received our first notice. I called the office and spoke to Robin who said that I should write this letter explaining the situation. She stated that I should send a check in the amount of \$150.00 along with this letter to show why we had not renewed timely for this year. She noted that for 1998 we filed almost immediately upon receiving our notice. Please except this reason as to not pay the \$550.00 but instead the normal filing fee. Your appreciation in this matter would be appreciated.

Sincerely,

Sanford Lovingood

Sanford Lovingood