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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90276 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000097758

1. Corporation Name

KOLBE DEVELOPMENT CORPORATION

Principal Place of Business

1819 MAIN STREET, SUITE 500  
SARASOTA FL 34236

Mailing Address

1819 MAIN STREET, SUITE 500  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0801825

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

2. Principal Place of Business

21 391 Interstate Blvd  
Suite, Apt. #, etc.

2a. Mailing Address

26 391 Interstate Blvd  
Suite, Apt. #, etc.

City & State

23 Sarasota, FL  
Zip Country

City & State

28 Sarasota FL  
Zip Country

24 34240 25 US

29 34240 30 US

9. Name and Address of Current Registered Agent

KOLBE, TODD A  
1819 MAIN STREET, SUITE 500  
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: ~~Todd~~ Kolbe, Aaron R  
82 Street Address (P.O. Box Number is Not Acceptable)  
391 Interstate Blvd  
83  
84 City: Sarasota FL 85 Zip Code: 34240

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:

*Aaron Kolbe*  
Signature typed or printed name of registered agent and title if applicable.

*Aaron Kolbe*  
(NOTE: Registered Agent signature required when reinstating)

4-6-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS: 1819 MAIN STREET, SUITE 500  
CITY-ST-ZIP: SARASOTA FL 34236

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS: 1819 MAIN STREET, SUITE 500  
CITY-ST-ZIP: SARASOTA FL 34236

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 119.073(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 a different like empowered.

SIGNATURE:

*Joseph R. Kolbe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99  
Date

(941) 342-0356  
Daytime Phone #

CR2E034 (11/98)