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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103743

1. Corporation Name

Principal Place of Business

PREMIER DEVELOPMENT GROUP, INC.

1726 BRIDGEWATER DR HEATHROW FL 32746		1726 BRIDGEWATER DR HEATHROW FL 32746		DO NOT WRITE IN TH	IS SPACE	
			•	3. Date Incorporated or Qualifed 12/08/1997	0011102	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-3484150	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional
22	•	27	-	5. Certificate of Status Desired	Fee Red	quired -
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible	./
24	25	29 30		Personal Property Tax.	☐ Yes	₽ \\0
<u>,</u>	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name	JAMES T. GROWTHER	_	
	JFE, LARRY		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	A JOHN KNOX RD		02 Street Au	726 Bridge water Dr	_	Ĭ
Tall	_AHASSEE FL 32303-6643		83			
				<u>.</u>		
			84 City _	teathrow F	L 85 Zip C	146
11. Pursuant office of ragent, la	to the provisions of Sections 607.050; egistered agent, or both in the State im familiar with, and accept the solidate	2 and 607.1509, Florida Statutes, the of Florida, Such change was authoritions of Section 607.0505, Florida	he above-named co rized by the corpora Statutes.	prporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its ointment as reç	registered gistered
SIGNATURE	///////////////////////////////////////	1 Ames	f. Crowste stered Agent signature requ	\sim $9/01$	199	
12.	OFF (SERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D (☐ DELETE	1.1 TITLE		Change	Addition
NAME	CROWTHER, JAMES T	I.	1.2 NAME			
STREET ADDRESS	1726 BRIDGEWATER DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL 32746	i i	1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	CROWTHER, MICHELE K		2.2 NAME			
STREET ADDRESS	1726 BRIDGEWATER DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	HEATHROW FL 32746		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME.			3.2 NAME			
STREET ADDRESS		İ	3.3 STREET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	•		4, 2 NAME			
STREET ADDRESS		· .	4.3 STREET ADDRESS			
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		☐ Change	Addition
NAME		I	5.2 NAME			
STREET ADDRESS	and the state of t	∴ [5.3 STREET ADDRESS			
		ı	5.4 CITY-ST-ZIP			}
CITY-ST-ZIP		·		म्ब्रास्ट क्षेत्रक स्टब्स्ट स्टब्स्ट स्टब्स्ट २००० चन्द्र स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट स्टब्स स्टब्स स्	→ ··· ☐ Change	☐ Addition
NAME	1		6.2 NAME			
NAME	1 15 15 15 15 15 15 15 15 15 15 15 15 15		6.3 STREET ADDRESS		(D 1 D	}

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 suppliemental aprilal 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 releiver 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 or an attribution with an order of the corporation of the corporation or the relief of the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

-804-0404

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90120 029 ***150.00