## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P98000017810

ST. MARKS DEVELOPMENT AUTHORITY, INC.

Principal Place of Business Mailing Address POST OFFICE BOX 3741 POST OFFICE BOX 3741 ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/23/1998 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes the current year intangible Ŭ Yes 25 30 29 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 YONG, FRANK J Street Address (P.O. Box Number is Not Acceptable) 1050 RIVERSIDE AVENUE JACKSONVILLE FL 32204 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 Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change President TITLE 11 TITLE BRUCE A. MAGUIRE 2 NAME HAME 5202, PHENSANT RUN CT. STREET ADDRESS 1.3 STREET ADDRESS PROTE VEDRA, FL 32082 L4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITOR Director 21 TITLE NAME ELLIOTT MAGUIRE 22 NAME 2.3 STREET ADDRESS STREET ANDRES 3056 CDASTAL HOY. ST. AUGUSTINE, FL 32095 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition MLE 11111F Director NAME 3.2 NAME ROBERT MAGUIRE STREET ADDRESS 302 W- OLANGE ST. 3.3 STREET ADDRESS GROVELAND, FL 34736 3.4. CITY-ST-ZIP CTTY-ST-ZIP Change Addition DELETE 4.1 TITLE SECRETARY me GARY MAGUILE 1134 VIRGINIA AVE ADAMONTE SPRAYS, FL 32701 MALE 4,2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TIPLE Change ☐ Addition Director GLEN MAGUIRE 807 S. MAIN ST. GROVELAND, FL 34736 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Thereby 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 an attachment with an address, with all other like empowered.

61 TITLE

6.2 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

TURE:

SIGNING OFFICER OR DIRECTOR

DELETE

Change

☐ Addition

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90193 012 \*\*\*150.00

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