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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90193 004 ***150.00

Katherine Harris

Secretary of State . **DIVISION OF CORPORATIONS**

DOCUMENT # P98000018333

SIGNATURE:

 Corporatio 	n Name							
MAYPORT DEVELOPMENT, INC.								
							(66 6	
Principal Place of Business Mailing Address								
645 MAYPORT ROAD #3B 645 MAYPORT ROAD #3B ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233						DO NOT WRITE IN	I THIS SDACE	
					ŀ	3. Date Incorporated or Qualifed	THIS SPACE	
					Ì	02/25/1998		
2. Principal Place of Business 2a. Mailing Address				****		4. FEI Number	_ Ap	plied For
26						59-3500 70 5) No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	
22						3. Continuate of Charles Desired	Fee Re	 -
City & State City & State					ŀ	6. Election Campaign Financing	\$5.00	•
23	Country	28 Tin	Country			Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip 29	30			 This corporation owes the current ye Personal Property Tax. 	ear intangible Ves	□No
24	25 9. Name and Address of Curre		30]		1	10. Name and Address of New Regis		
			81	Name				
	CORPORATE SERVICES OF C	entral florida	82	Stroot	Addroc	c (P.O. Boy Number is Not Acceptable)		
390 NORTH ORANGE AVENUE			62	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 1100			83					
ORLANDO FL 32801			84	84 City			85 Zip (Code
							FL T	
office or I	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the obligation.	of Florida, Such change was au	thonzed by	the como	corpora oration	ation submits this statement for the purpors board of directors. I hereby accept the	ose of changing its appointment as re	registered gistered
SIGNATURE	Standard and of spinland and	and title if applicable (NOTE:	Registered Ager	nt signature s	recuired w	then reinstation)	ATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.		0401100 11	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE			1.1 TITLE				Change	Addition
NAME	KLEIN, LYNN		1.2 NAME	1.2 NAME		igood, Lynn	•	
STREET ADDRESS	A46 4414/000T 0010 #00	•	1.3 STREE	1.3 STREET ADDRESS		Ame		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		1.4 CITY-S	T-ZIP				
TITLE	D	DELETE	2.1 TITLE		۱۵,1	President	Change	Addition
NAME	WOOD, RICK	•	2.2 NAME .		Bo	698 Brownen P+D		
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS		698 Browlen P+ D	**	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2. 4 CITY-5	T-ZIP	37 YA	cicsanuille, Fl. 322	<u> </u>	- A 4 400
TITLE		DELETÉ _	3.1 TITLE		1		[]] Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	ì		3.3 STREET ADDRESS					
CITY-ST-ZIP			-	3.4. CITY-ST-ZIP 4.1 TITLE		- 	[] Change	Addition
NAME				4.1 ITILE 4. 2 NAME				
STREET ADDRESS			4.3 STREE	FADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE			5.1 TITLE				Change	☐ Addition
NAME		,	5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
]		6.3 STREET	LADDOCCO	I			

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 of 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 of the receiver or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an affactment with an address, with all other like empowered.