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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90001 026 ***150.00

DOCUMENT # P98000022933

1. Corporation Name
DALE MORRIS DEVELOPMENT, INC.

Principal Place of Business
3463 WILDERNESS TR.
BROOKSVILLE FL 34613

Mailing Address
~~5392 MAIN ST.~~
~~NEW PORT RICHEY FL 34652~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1998

2. Principal Place of Business (21)

2a. Mailing Address (26)
P.O. Box 6198

Suite, Apt. #, etc (22)

Suite, Apt. #, etc (27)

City & State (23)

City & State (28)
SPRING HILL FL.

Zip (24) Country (25)

Zip (29) 34611 Country (30) HERNANDO

4. FEI Number
59-3508338
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

9. Name and Address of Current Registered Agent

CARPENTER, GREGORY E
~~5392 MAIN STREET~~
~~NEW PORT RICHEY FL 34652~~

10. Name and Address of New Registered Agent

81 Name CARPENTER, GREGORY E.
82 Street Address (P.O. Box Number is Not Acceptable) 9463 WILDERNESS TR.
83
84 City BROOKSVILLE FL 85 Zip Code 34613

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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change	☐ Addition
NAME	CARPENTER, GREGORY E		1.2 NAME		
STREET ADDRESS	~~5392 MAIN ST~~		1.3 STREET ADDRESS	9463 WILDERNESS TR.	
CITY-ST-ZIP	~~NEW PT. RICHEY FL 34652~~		1.4 CITY-ST-ZIP	BROOKSVILLE FL. 34613	
TITLE	VPST	☐ DELETE	2.1 TITLE	☒ Change	☐ Addition
NAME	CARPENTER, BARBARA J		2.2 NAME		
STREET ADDRESS	~~5392 MAIN ST~~		2.3 STREET ADDRESS	9463 WILDERNESS TR.	
CITY-ST-ZIP	~~NEW PT. RICHEY FL 34652~~		2.4 CITY-ST-ZIP	BROOKSVILLE FL. 34613	
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 added on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory E Carpenter PRES 4-29-99 352-688-2046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GREGORY E. CARPENTER PRES