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

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90035 049 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000023666
Corporation Name
JODA DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1 LAUREL OAK DR. SUITE 710 NAPLES FL 34108	801 LAUREL OAK DR. SUITE 710 NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 03/12/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 59-3498649 ☐ Applied For ☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
Zip / Country	Zip / Country	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

WOODWARD, MARK J
801 LAUREL OAK DR., SUITE 710
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

I. 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, typed or printed 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	
LE D ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
ME GLON, DALE R		1.2 NAME	
REET ADDRESS 930 CAPE MARCO DR., SUITE PH-3		1.3 STREET ADDRESS	
Y-ST-ZIP MARCO ISLAND FL 34145		1.4 CITY-ST-ZIP	
LE D ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
ME PREVITI, JOSEPH		2.2 NAME	
REET ADDRESS 930 CAPE MARCO DR., SUITE PH-3		2.3 STREET ADDRESS	
Y-ST-ZIP MARCO ISLAND FL 34145		2.4 CITY-ST-ZIP	
LE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dale R Glon President 4/22/99 941-394-5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #