

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
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90034 008 ***150.00

DOCUMENT # P98000050043

1. Corporation Name

SURFSIDE DEVELOPMENT COMPANY, INC.

Principal Place of Business

**2492 SPRING VALE ROAD
JACKSONVILLE FL 32246**

Mailing Address

**2492 SPRING VALE ROAD
JACKSONVILLE FL 32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

2. Principal Place of Business

21 539 6th AVE. South

2a. Mailing Address

26 2771-29 Monument Rd.

4. FEI Number

59-3538006

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 Suite 201

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 Jacksonville Beach, FL.

City & State

28 Jacksonville, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32250

25 U.S.A.

Zip

Country

29 32225

30 U.S.A.

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ETHRIDGE, MICAH
2492 SPRING VALE ROAD
JACKSONVILLE FL 32246**

10. Name and Address of New Registered Agent

81 Name

Ethridge, Micah

82 Street Address (P.O. Box Number is Not Acceptable)

539 6th Ave. South

83

84 City

Jacksonville Beach

FL

85 Zip Code

32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
ETHRIDGE, MICAH
2492 SPRING VALE ROAD
JACKSONVILLE FL 32246**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**D
Ethridge, Micah**

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

539 6th Ave. South

1.4 CITY-ST-ZIP

Jacksonville Beach, FL. 32250

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

Micah Ethridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

(904) 242-0290

Daytime Phone #

CR2E034 (11/98)