PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000096011

1. Corporation Name

MAISON DU SOLEIL DEVELOPMENT, INC.

| D-111 Dl | - of Duckness | Mailing Address | | | | 1 10011001 140 10101 10111 00111 00111 00111 | | | 18: 110: 140: | |
|---|--|--|--|---|---|---|--|-------------------|-----------------------|--|
| Principal Plac | | - | | | | | | | | |
| 221 MCKENZIE AVENUE 2135 RIVER CLIFF DRIVE PANAMA CITY FL 32401 ROSEWELL GA 30076 | | | | | | 1 | | | | |
| PANAMA CITT | FL 32401 | HUSEWELL GA 30076 | NOSEWELL GA 300/6 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | • | | | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 11/09/1998 | | _ | | |
| 2 Principal B | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | - 3 | App | lied For | |
| _ | lace of pusitiess | — · | | | | 4. • 2 • • • • • • • • • • • • • • • • • • • | 1 | _ | Applicable | |
| 21 | 4 -1- | Suite, Apt. #, etc. | | | | | \$8 | | ditional | |
| Suite, Apt. | #, etc. | _ <u> </u> | | | _ | 5. Certifcate of Status Desired | | ee Req | | |
| 22 | | [27] | | | | | | | | |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 A dded to | | |
| 23 | | 28 | Carra | | | | | | 1 003 | |
| Zip | | | | Country 8, | | 8. This corporation owes the current year Ir | t year Intangible ☐ Yes ☑ No | | | |
| 24 25 29 30 | | |) | | | Personal Property Tax. 10. Name and Address of New Registered | / | _X | | |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 | N | 10, Name and Address of New Registered | Agent | | | |
| DULI | E, ROB JR. | | [| ا'° | Name | | | | | |
| | | | , t | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| 221 MCKENZIE AVENUE | | | | | | | | | | |
| PAN | AMA CITY FL 32401 | | | 83 | | | | | | |
| | | | L | - | 011 | | 85 | Zip Ci | ode | |
| | | | [| 84 | City | FI | _ 63 | 21p 0 | ,00 | |
| office or r agent. I a | registered agent, or both, in the State am familiar with, and accept the obli | le of Florida. Such change was aut | nonzea | DV II | ne corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the appoint | MIIUII O III | as regi | Stered | |
| SIGNATURE | Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: R | Registered A | Agent | signature required | when reinstating) DATE | | | | |
| 12. | OFFICERS A | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ND DIR | ECTO | | |
| TITLE | D | ☐ DELETE | 1.1 TIŦL | LE | | | ☐ CH | hange | ☐ Addition | |
| NAME | DODSON, TIMOTHY | | 1.2 NAM | ME | | | | | | |
| STREET ADDRESS | A | | 1.3 STE | REET | ADDRESS | | | | | |
| i | ROSEWELL GA 30076 | | 1.4 CIT | V. ST. | 7IP | | | | İ | |
| CITY-ST-ZIP | TOOLIVELE OF COOLS | C BELETE | _ | 1-01- | | | | | | |
| | | I I DELETE | 2.1 TITI | LE | | 24- TA | | hange | ☐ Addition | |
| NAME | | ☐ DELETE | 2.1 TITU | | | | a | nange | Addition | |
| STREET ADDRESS | | □ D#LE1E | 2.2 NA | ME | | • . | a | nange | Addition | |
| CITY-ST-ZIP | | ☐ D€LETE | 2.2 NAJ 2.3 STF | ME REET/ | ADDRESS | | a | hange | ☐ Addition | |
| TITLE | | | 2.2 NA 2.3 STF 2.4 CIT | ME REET/ TY-ST | į | • . | | - | | |
| | | DELETE | 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI | ME REET/ TY-ST LE | į | • . | c | - | Addition | |
| NAME | | | 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAA | ME REET/ TY-ST LE ME | - ZIP | • . | | - | | |
| NAME STREET ADDRESS | - | | 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAA | ME REET/ TY-ST LE ME | į | • . | | - | | |
| | - | DELETE | 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAA | ME REET/ TY-ST LE ME REET/ | - ZIP | | Cr | hange | Addition | |
| \$TREET ADDRESS | - | | 2.2 NA/ 2.3 STF 2.4 CIT 3.1 TITT 3.2 NA/ 3.3 STF | ME REET/ IY-ST LE ME REET/ IY-ST | - ZIP | | Cr | - | | |
| STREET ADDRESS | - | DELETE | 2.2 NA/ 2.3 STF 2.4 CT 3.1 TIT 3.2 NA/ 3.3 STF 3.4. CT | ME REET/ LE ME REET/ TY-ST | - ZIP | | Cr | hange | Addition | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | DELETE | 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITT 3.2 NAJ 3.3 STF 3.4 CIT 4.1 TITT 4.2 NA 4.3 STF | ME TY-ST LE ME REET / TY-ST LE LE ME TY-ST LE Y-ST- | - ZIP - ADDRESS - ZIP ADDRESS | | - · _ c | hange | Addition | |
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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETÉ

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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 office or director of the corporation or the receiver or trusted 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.

Change

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90001 038 ***150.00

Addition