

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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90009 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000104010

1. Corporation Name  
**WOLF CREEK LAND DEVELOPMENT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 2540 HICKORY TREE RD. 2540 HICKORY TREE RD.  
 ST. CLUOD FL 34772 ST. CLUOD FL 34772

3. Date Incorporated or Qualified  
**12/09/1998**

2. Principal Place of Business 2a. Mailing Address  
 21 **1700 13th STREET** 26 **1700 13th STREET**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **SUITE 1** 27 **SUITE 1**  
 City & State City & State  
 23 **ST CLOUD FL** 28 **ST CLOUD, F**  
 Zip Country USA Zip Country USA  
 24 **34769** 25 **FLORIDA** 29 **34769** 30 **USA**

4. FEI Number Applied For  
**59-3547584** 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  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**HOEQUIST, CHARLES E**  
**3101 MAGUIRE BLVD., S-101**  
**ORLANDO FL 32803**

10. Name and Address of New Registered Agent  
 81 Name **CARPENTER, JEFFERY J.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**428 5th STREET**  
 83  
 84 City **ORLANDO** FL 85 Zip Code **32824**

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 *Jeffery J. Carpenter* DATE **3/10/99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CARPENTER, JEFFERY J</b>	
STREET ADDRESS	<b>2540 HICKORY TREE RD.</b>	
CITY-ST-ZIP	<b>ST. CLUOD FL 34772</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOEQUIST, CHARLES E</b>	
STREET ADDRESS	<b>3101 MAGUIRE BLVD., S-101</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P, T, D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CARPENTER, JEFFERY J.</b>	
1.3 STREET ADDRESS	<b>2540 HICKORY TRGED RD</b>	
1.4 CITY-ST-ZIP	<b>ST. CLOUD, FL 34772</b>	
2.1 TITLE	<b>VP, D, S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBERT E. MCDANIEL II</b>	
2.3 STREET ADDRESS	<b>6850 BASS HIGHWAY</b>	
2.4 CITY-ST-ZIP	<b>ST. CLOUD, FL 34771</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffery J. Carpenter* DATE **3/10/99**

CR2E034 (11/98)