

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0097263

PROFIT CORPORATION  
**Reinstatement**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S21165** (3)  
1. Corporation Name  
**CHEROKEE DEVELOPMENT CORPORATION**

FILED

99 MAR -8 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3867 MIDSHORE DR  
NAPLES FL 34109  
US**

Mailing Address  
**3867 MIDSHORE DR  
NAPLES FL 34109  
US**

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**BRUGGER, JOHN N  
600 5TH AVE S  
SUITE 207  
NAPLES FL 34102**

**REINSTATEMENT 98-99**

3. Date Incorporated or Qualified  
**12/27/1990**

4. FEI Number  
**65-0235165**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

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

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's signature required when re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PT	BRUGGER, JOHN N	600 FIFTH AVE SOUTH, SUITE 207	NAPLES FL	<input type="checkbox"/>
S	BRUGGER, CAROL R	600 5TH AVE S SUITE 207	NAPLES FL	<input checked="" type="checkbox"/>
V	STEINER, ANTON	600 FIFTH AVE SOUTH, SUITE 207	NAPLES FL	<input checked="" type="checkbox"/>
D	BRUGGER, JOHN N	600 5TH AVE SOUTH SUITE 207	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

Change ☐ Addition ☐

**600002811136-1**  
**-03/18/99--01094--015**  
**\*\*\*\*950.00 \*\*\*\*950.00**

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

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.

SIGNATURE:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/98)