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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S43133** **(5)**

1. Corporation Name

ST. BART'S DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
P O BOX 790 CEDAR KEY FL 32625	P O BOX 790 CEDAR KEY FL 32625

3. Date Incorporated or Qualified: 04/04/1991
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-3060547 (Applied For / 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 725 THIRD ST.	26 P.O. BOX 790
22 Suite, Apt. #, etc. P.O. BOX 790	27 Suite, Apt. #, etc.
23 City & State CEDAR KEY	28 City & State CEDAR KEY
24 Zip 32625 / 25 Country LEVY	29 Zip 32625 / 30 Country LEVY

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: ELIZABETH O'GRADY
82 Street Address (P.O. Box Number is Not Acceptable): 725 THIRD ST.
83: P.O. BOX 790
84 City: CEDAR KEY FL 85 Zip Code: 32625

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: Elizabeth O'Grady ELIZABETH O'GRADY 4/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP, T, S, C DWYER, JEFFREY P 30 PLEASANT ST #8 NORTHAMPTON MA	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/S/T/VP DWYER, JEFFREY P. MTN. RD., P.O. BOX 239 E. LEMPSTER, NH 03625 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FLOOD, TIMOTHY L 2600 NO. LAKEVIEW #88 CHICAGO IL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D, P FLOOD, TIMOTHY 512 WEST OAKDALE AVE. CHICAGO, IL 60657 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV FLOOD, SUZETTE L 2600 NO. LAKEVIEW CHICAGO IL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DV FLOOD, SUZETTE L. 512 WEST OAKDALE AVE. CHICAGO, IL 60657 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KEARNEY, WILLIAM J 4005 OLD LEEDS RIDGE BIRMINGHAM AL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 4/4/96 904-543-9307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #