

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S65794** (7)

1. Corporation Name  
**GRAND ISLAND DEVELOPMENT CO., INC.**

**FILED**  
95 JAN 27 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
1700 BUENA VISTA 1700 BUENA VISTA  
EUSTIS FL 32726 EUSTIS FL 32726

3. Date Incorporated or Qualified **07/12/1991** 3a. Date of Last Report **01/21/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **251 FROST WAY** 26 **251 FROST WAY**

4. FEI Number **59-3111011** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

23 City & State **EUSTIS FL** 28 City & State **EUSTIS FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **32726** 25 Country **LIC** 29 Zip **32726** 30 Country **LIC**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BUTTERFIELD, ELAINE**  
1700 BUENA VISTA  
EUSTIS FL 32726

10. Name and Address of New Registered Agent  
81 Name **ELAINE BUTTERFIELD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**251 FROST WAY**  
83  
84 City **EUSTIS** FL 85 Zip Code **32726**

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 607.1505, Florida Statutes.

SIGNATURE *Elaine Butterfield* **ELAINE BUTTERFIELD** 1/16/95  
(Type, print, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>BUTTERFIELD, CRAIG</b>
STREET ADDRESS	<b>1700 BUENA VISTA</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	<b>D</b>
NAME	<b>BUTTERFIELD, ELAINE</b>
STREET ADDRESS	<b>1700 BUENA VISTA</b>
CITY - ST - ZIP	<b>EUSTIS FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: *Craig Butterfield* **CRAG BUTTERFIELD** 1/16/95 904-283-2889  
(Type and typed or printed name of signing officer or director) DATE Daytime Phone #