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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # \$80989

KARST DEVELOPMENT, INC.

(	4	j

Mailing Address

**FILED** Apr 03 1997 8:00am Secretary of State

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		1397 LAKESHORE DRIVE CLERMONT FL 34711-283			·			
	,				3. Date Incorporated or Qualified 09/18/1991	3a. Date of Last Report 04/30/1996		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied Fo	or		
21		26	26		59-3114340	Not Applio	oldac	
Sulte, Apt. #, etc. 27		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	al	
City & Stat	& State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
<b>Z</b> ip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29 30			1			
	9. Name and Address of Co	irrent Hegistered Agent		Name	10. Name and Address of New Re-	Jistered Agent	·	
[ 1010], 0001001.0			\	81 Name				
1397 W. LAKESHORE DR. CLERMONT FL 34711		[8	82 Street Address (P.O. Box Number is Not Acceptable)					
OLE.	UMOIN LE 947 II		٤	3				
			<b>{</b>	14 City		FL 85 Zip Code		
11. Pursuant office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the sam familiar with, and accept the c	.0502 and 607.1508, Florida Statu State of Florida Such change was obligations of, Section 607.0505, F	ites, the abo authorized lorida Statu	ove-named by the corp tes.	corporation submits this statement for the p location's board of directors. I hereby accep		ed .	
SIGNATURE	***************************************							
12,	Signature, typed or printed name of register	od agent and ticc if applicable (NO S AND DIRECTORS	TE Registered /	Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	DEFICERS	. DELETE	1.1 1/IL		ADDITIONS/CHANGES TO OFFICE	Change Add		
NAME	KARST, GEORGE F., JR.		1,2 NAM			- Stronge - Latino		
STREET ADDRESS	1397 W. LAKESHORE DR.		1	E1 ADDRESS			Ì	
CITY-ST-ZIP	CLERMONT FL			-SI-ZIP			]	
TITLE	D	Delete	21 THL			☐ Change ☐ Add	dition	
NAME	KARST, RANDALL LEE		2.2 NAM	Ε				
STREET ADDRESS	1259 W. SIXTH ST.		2.3 S1RI	EL ADDRESS			Ì	
CITY-ST-ZIP	CLERMONT FL		2. 4 CIT	( - \$1 - ZIP	•			
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NAME			3.2 NAM	E				
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CITY-ST-ZIP			3.4. C(1)	r-\$1-ZIP				
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NAME			4. 2 NAN	ie				
STREET ADDRESS			4.3 STRE	E1 ADDRESS			]	
CITY-ST-ZIP			4 4 CITY					
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NAME			5.2 NAM	·			Į	
STREET ADDRESS				E1 ADDRESS			ĺ	
CITY-ST-ZIP		DELETE	5.4 CITY			Change Add	dition	
TITLE		□ ottett	6.1 TITE			∟ change ∟ Add	Julion	
NAME	B		62 NAM	l				
STREET ADDRESS				ET ADDRESS			- }	
CITY-ST-ZIP			6.4 CITY	- 51 - ZIP				

14. I do 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.