

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED
95 MAY -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 328583 (0)
1. Corporation Name
GULF FLORIDA LAND CORPORATION

Principal Place of Business: 205 OAK GROVE STREET, ORMOND BEACH FL 32176-5730
Mailing Address: 205 OAK GROVE STREET, ORMOND BEACH FL 32176-5730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1968
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business: 21 207 ATKINS Rd, 22 Suite, Apt. #, etc., 23 City & State: Georgetown FIA, 24 Zip: 32139, 25 County: PUTNAM
26. Mailing Address: 26 Po Box 327, 27 Suite, Apt. #, etc., 28 City & State: Georgetown FIA, 29 Zip: 32139, 30 County: PUTNAM

4. FEI Number: 59-1215796
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

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

9. Name and Address of Current Registered Agent: ATKINS, WYMAN, 205 OAK GROVE STREET, ORMOND BEACH FL 32178

10. Name and Address of New Registered Agent: 81 Name: ATKINS, WYMAN, 82 Street Address (P.O. Box Number is Not Acceptable): 207 ATKINS Rd, 83, 84 City: Georgetown, FL, 85 Zip Code: 32139

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 filed application) (NOTE: Registered Agent signature required when substituted) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, WYMAN	1.2 NAME	
STREET ADDRESS	205 OAK GROVE STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORMOND BEACH FL	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	ATKINS, WYMAN JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, WYMAN JR	2.2 NAME	Resigned
STREET ADDRESS	2400 PALM RIDGE ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	SANIBEL FL	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, ROSA L.	3.2 NAME	ATKINS, ROSA L
STREET ADDRESS	205 OAK GROVE STREET	3.3 STREET ADDRESS	207 ATKINS Rd
CITY, ST, ZIP	ORMOND BEACH FL	3.4 CITY, ST, ZIP	Georgetown, FIA 32139
TITLE		4.1 TITLE	209 Y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Price, MARTIN
STREET ADDRESS		4.3 STREET ADDRESS	329 POINCIANA ISLAND DR
CITY, ST, ZIP		4.4 CITY, ST, ZIP	MIAMI, FIA 33160
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 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: *Sandra B. Northam* 4-26-95 904-467-2138
DATE DATE DATE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR