

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

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 357341 (7)**  
 1. Corporation Name  
**ELLENTON LAND CO.**



Principal Place of Business: **ELLENTON LAND CO 3110 CEDAR STREET ELLENTON FL 34222 US**  
 Mailing Address: **ELLENTON LAND CO 3110 CEDAR STREET ELLENTON FL 34222 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1310260	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WILLIAMS, SHARON ANN**  
**3110 CEDAR STREET**  
**ELLENTON FL 34222**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WILLIAMS, SHARON ANN	1.2 NAME	
STREET ADDRESS	3110 CEDAR STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GAY, JEANETTE H	2.2 NAME	
STREET ADDRESS	713 32ND AVE. DR., EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	2.4 CITY-ST-ZIP	
TITLE	TDS	3.1 TITLE	
NAME	GAY, JACK	3.2 NAME	
STREET ADDRESS	713 32ND AVE. DR. EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, upon an attachment with an address.

SIGNATURE: *Sharon Ann Williams*

2-23-98

CR2E034 (10/97)