

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

FILED

May 02 1997 8:00am  
Secretary of State

*That's really ugly!*

*From where?*



*That's really ugly!*

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                                                              |     |
|------------------------------------------------------------------------------|-----|
| DOCUMENT # 374109<br>1. Corporation Name<br>FLORIDA TERRITORIAL LAND COMPANY | (7) |
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|                                                                                                                    |                                                                                                        |
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| Principal Place of Business<br>2180 PARK AVE. N., WINTER PARK, FL<br>LOCK DRAWER 2706<br>WINTER PARK FL 32790-2706 | Mailing Address<br>2180 PARK AVE. N., WINTER PARK, FL<br>LOCK DRAWER 2706<br>WINTER PARK FL 32790-2706 |
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|                                                                                                     |                                                                                          |                                                 |                                       |                             |                               |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------|-----------------------------|-------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br>12/16/1970 | 3a. Date of Last Report<br>04/02/1996 | 4. FEI Number<br>59-1535786 | Applied For<br>Not Applicable |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------|-----------------------------|-------------------------------|

|                                                                                                                                                          |                                                                                          |                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired<br>\$8.75 Additional Fee Required                                                                                       | 6. Election Campaign Financing<br>Trust Fund Contribution<br>\$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 9. Name and Address of Current Registered Agent<br>CHAMPION, C JONATHAN<br>2180 PARK AVE. N., SUITE 100<br>LOCK DRAWER 2706<br>WINTER PARK FL 32790-2706 |                                                                                          | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL |

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 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHAMPION, C. JONATHAN<br>22420 E HWY 44<br>EUSTIS FL               | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>CHAMPION, JULIE MILAM<br>22420 E HWY 44<br>EUSTIS FL               | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHAMPION, CHARLES J JR<br>4214 CLOVER LEAF PLACE<br>CASSELBERRY FL  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHAMPION, BENJAMIN LAURE<br>4214 CLOVERLEAF PLACE<br>CASSELBERRY FL | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><i>misspelled BENJAMIN<br/>middle name: LAUREN S</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |

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.

SIGNATURE: *[Signature]* 4/24/97 407-628-7900

CR2E034 (9/96)