

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:22

DOCUMENT # 670326 (8)

1. Corporation Name

CROSSLAND INVESTMENT COMPANY

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification	3a. Date of Last Report
05/16/1980	02/28/1994
4. FID Number	Applied For
59-1997571	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
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
217 JOHN KNOX ROAD TALLAHASSEE FL 32303 US	P.O. BOX 4288 TALLAHASSEE FL 32315 US
22. State, Apt., R., etc.	27. State, Apt., R., etc.
City & State	City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BUFORD, A. L. JR. 217 JOHN KNOX ROAD TALLAHASSEE FL 32303	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: _____ DATE: _____
(Signature typed or printed name of registered agent and filed application) (Signature typed or printed name of corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	BUFORD, A.L. J	2. NAME	
STREET ADDRESS	217 JOHN KNOX RD	3. STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE, FL 00000	4. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information reported with this report is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(2)(b), Florida Statutes. I further certify that the information reported on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or business empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE: _____ 2-9-95 704-385-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR