FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:03

DOCUMENT # P93000014887 (2)

1. Corporation Name
CONSOLIDATED-TOMOKA LAND CO.

Principal Place of Business	Mailing Address
149-C S RIDGEWOOD AVE DAYTONA BEACH FL 32114 US	P O BOX 10809 DAYTONA BEACH FL 33120-0809 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-0483700 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LAGONI, PATRICIA
149 SOUTH RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change XX Addition
NAME	ALLEN, BOB	1.2 NAME		
STREET ADDRESS	149 S. RIDGEWOOD AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP		32114
TITLE	VD	2.1 TITLE		☐ Change XX Addition
NAME	TEETERS, BRUCE W	2.2 NAME		
STREET ADDRESS	10 BROADRIVER RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP		32174
TITLE	V	3.1 TITLE		☐ Change XX Addition
NAME	APGAR, ROBERT F	3.2 NAME		
STREET ADDRESS	501 N MCDONALD AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		32724
TITLE	VS	4.1 TITLE		☐ Change XX Addition
NAME	LAGONI, PATRICIA	4.2 NAME		
STREET ADDRESS	131 MUIRFIELD CR	4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	4.4 CITY-ST-ZIP		32114
TITLE	V	5.1 TITLE		☐ Change XX Addition
NAME	BENEDICT, JOSEPH I	5.2 NAME		
STREET ADDRESS	695 AIRPORT RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL	5.4 CITY-ST-ZIP		32168
TITLE	AD	6.1 TITLE	AS	☒ Change XX Addition
NAME	CRISP, LINDA	6.2 NAME		
STREET ADDRESS	217 SEMINOLE DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP		32174

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)(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: Linda Crisp — Linda Crisp — 2/17/95 — 904-255-7558
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0403201 FP

12. Continued

7.1 TITLE	AS/AT
7.2 NAME	SOTTILE, EMILY J
7.3 STREET ADDRESS	130 PLUMOSA AVENUE
7.4 CITY-ST-ZIP	LAKE PLACID FL 33852
8.1 TITLE	CONTROLLER
8.2 NAME	MOOTHART, GARY
8.3 STREET ADDRESS	3 BROADWATER DRIVE
8.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
9.1 TITLE	V
9.2 NAME	VELEY, HUGH J
9.3 STREET ADDRESS	LAKE MIRROR DRIVE
9.4 CITY-ST-ZIP	LAKE PLACID FL 33852
10.1 TITLE	D
10.2 NAME	ADAMS, JOHN C. JR
10.3 STREET ADDRESS	4235 INNSLAKE DRIVE
10.4 CITY-ST-ZIP	GLENN ALLEN VA 23060
11.1 TITLE	D
11.2 NAME	CHAMBERS, JACK H
11.3 STREET ADDRESS	814 WATERMAN ROAD SOUTH
11.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
12.1 TITLE	D
12.2 NAME	GORTER, JAMES P.
12.3 STREET ADDRESS	1470 N. GREEN BAY ROAD
12.4 CITY-ST-ZIP	LAKE FOREST IL 60045
13.1 TITLE	D
13.2 NAME	HENRY, WILLIAM O. E.
13.3 STREET ADDRESS	985 HELEN CIRCLE
13.4 CITY-ST-ZIP	BARTOW FL 32830
14.1 TITLE	D
14.2 NAME	LLOYD, ROBERT F.
14.3 STREET ADDRESS	120 BEACH STREET WEST
14.4 CITY-ST-ZIP	PONCE INLET FL 32127
15.1 TITLE	D
15.2 NAME	PACE, JOHN H. JR
15.3 STREET ADDRESS	1909 SALT MYRTLE LANE
15.4 CITY-ST-ZIP	ORAND PARK FL 32073
16.1 TITLE	D
16.2 NAME	PETERSON, DAVID D.
16.3 STREET ADDRESS	800 HUMBOLDT AVENUE
16.4 CITY-ST-ZIP	WINNETKA IL 60093