FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # P93000014887 (2)

1. Corporation Name
CONSOLIDATED-TOMOKA LAND CO.

Principal Place of Business
149-C S RIDGEWOOD AVE
DAYTONA BEACH FL 32114
US

Mailing Address
P O BOX 10809
DAYTONA BEACH FL 32120-0809
US

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	
TITLE	VS	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ 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	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ 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	

CR2E034 (9/96)

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, or on an attachment with an address

SIGNATURE: Linda Crisp Linda Crisp, Asst. Sec. 3/21/97 904-255-7558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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	1616 SOUTH PENINSULA DR
10.4	CITY-ST-ZIP	DAYTONA BEACH FL 32118
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	ORANGE 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