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

FILED
Mar 20 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 # **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

2. Principal Place of Business	2a. Mailing Address
21	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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
Signature, typed or printed name of registered agent and title if applicable

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

CR2E034 (10/97)

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.

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