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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90060 006 ***158.75

0028734

DOCUMENT # P93000014887

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 Qualifed: 02/26/1993

4. FEI Number: 59-0483700 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

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

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 reinstating)

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 (11/98)

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, with all other like empowered.

SIGNATURE: Linda Crisp Linda Crisp, Asst. Sec. 2/5/99 904-255-7558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONSOLIDATED-TOMOKA LAND CO.
EIN # 59-0483700

DOCUMENT #P93000014887 (2)
8269M-90060-6

12. Continued

7.1	TITLE	CONTROLLER
7.2	NAME	MOOTHART, GARY
7.3	STREET ADDRESS	3 BROADWATER DRIVE
7.4	CITY-ST-ZIP	ORMOND BEACH FL 32174
8.1	TITLE	V
8.2	NAME	VELEY, HUGH J.
8.3	STREET ADDRESS	LAKE MIRROR DRIVE
8.4	CITY-ST-ZIP	LAKE PLACID FL 33852
9.1	TITLE	D
9.2	NAME	ADAMS, JOHN C. JR
9.3	STREET ADDRESS	1616 SOUTH PENINSULA DR
9.4	CITY-ST-ZIP	DAYTONA BEACH FL 32118
10.1	TITLE	D
10.2	NAME	CHAMBERS, JACK H.
10.3	STREET ADDRESS	814 WATERMAN ROAD SOUTH
10.4	CITY-ST-ZIP	JACKSONVILLE FL 32207
11.1	TITLE	D
11.2	NAME	GORTER, JAMES P.
11.3	STREET ADDRESS	1470 N GREEN BAY ROAD
11.4	CITY-ST-ZIP	LAKE FOREST IL 60045
12.1	TITLE	D
12.2	NAME	HENRY, WILLIAM O.E.
12.3	STREET ADDRESS	985 HELEN CIRCLE
12.4	CITY-ST-ZIP	BARTOW FL 32830
13.1	TITLE	D
13.2	NAME	LLOYD, ROBERT F.
13.3	STREET ADDRESS	6354 RIVER ROAD
13.4	CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
14.1	TITLE	D
14.2	NAME	PACE, JOHN H. JR.
14.3	STREET ADDRESS	1909 SALT MYRTLE LANE
14.4	CITY-ST-ZIP	ORANGE PARK FL 32073
15.1	TITLE	D
15.2	NAME	PETERSON, DAVID D.
15.3	STREET ADDRESS	800 HUMBOLDT AVENUE
15.4	CITY-ST-ZIP	WINNETKA IL 60093