2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90363 017 ***158.75

DOCUMENT # P93000014887

1. Entity Name
CONSOLIDATED-TOMOKA LAND CO.

Principal Place of Business	Mailing Address
1530 CORNERSTONE BLVD STE 100 DAYTONA BEACH, FL 32117 US	P O BOX 10809 DAYTONA BEACH, FL 33120-0809 US

01082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
APGAR, ROBERT 1530 CORNERSTONE BLVD., STE 100 DAYTONA BEACH, FL 32117	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC ALLEN, BOB 1530 CORNERSTONE BLVD., STE 100 DAYTONA BEACH, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT TEETERS, BRUCE W 3 BROADRIVER RD ORMOND BEACH, FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS APGAR, ROBERT F 106 RIDGEWAY BLVD DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADAMS, JOHN C JR. 1616 SOUTH PENINSULA DR. DAYTONA BEACH, FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BENEDICT, JOSEPH I 695 AIRPORT RD NEW SMYRNA BCH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CRISP, LINDA 217 SEMINOLE DR ORMOND BCH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Crisp Linda Crisp 4/23/08 386-274-2202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

CONSOLIDATED-TOMOKA LAND CO. DOCUMENT #P93000014887
EIN # 59-0483700

40085420

11. Continued

TITLE	D/C/P	
NAME		MCMUNN, WILLIAM H.
STREET ADDRESS		3 S. RAVENSFIELD LN.
CITY-ST-ZIP		ORMOND BEACH FL 32174
TITLE	V	
NAME		MOOTHART, GARY
STREET ADDRESS		1304 MANDAN LANE
CITY-ST-ZIP		ORMOND BEACH FL 32174
TITLE	D	
NAME		VOGES, WILLIAM J.
STREET ADDRESS		275 CLYDE MORRIS BLVD.
CITY-ST-ZIP		ORMOND BEACH FL 32174
TITLE	D	
NAME		DAVISON, WILLIAM H.
STREET ADDRESS		10 MAGNOLIA LANE
CITY-ST-ZIP		ORMOND BEACH, FL 32174
TITLE	D	
NAME		DEGOOD, GERALD L.
STREET ADDRESS		27187 OLD SPRING LAKE RD
CITY-ST-ZIP		BROOKSVILLE FL 34602
TITLE	D	
NAME		GARDNER, JAMES E.
STREET ADDRESS		5 MONTILLA PLACE
CITY-ST-ZIP		PALM COAST, FL 32137
TITLE	D	
NAME		MYERS, III, JOHN C.
STREET ADDRESS		1845 TOWN CENTER BLVD, STE 105
CITY-ST-ZIP		ORANGE PARK FL 32003
TITLE	D	
NAME		OLIVARI, WILLIAM L.
STREET ADDRESS		141 SAGE BRUSH TR, STE D
CITY-ST-ZIP		ORMOND BEACH, FL 32174