2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000014887

Entity Name: CONSOLIDATED-TOMOKA LAND CO.

FILED May 17, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1530 CORNERSTONE BLVD

STE 100

DAYTONA BEACH, FL 32117 US

Current Mailing Address: New Mailing Address:

P O BOX 10809

DAYTONA BEACH, FL 331200809 US

FEI Number: 59-0483700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRISP, LINDA 1530 CORNERSTONE BLVD. SUITE 100 DAYTONA BEACH, FL 32117 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: \

 Name:
 TEETERS, BRUCE W

 Address:
 567 N. BEACH STREET

 City-St-Zip:
 ORMOND BEACH, FL 32174 US

Title: \

Name: PATTEN, MARK E
Address: 6240 DONEGAL DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: CD

 Name:
 FUQUA, JEFFRY B .

 Address:
 460 E WEBSTER AVENUE

 City-St-Zip:
 WINTER PARK, FL 32789 US

Title: VS

Name: CRISP, LINDA Address: 217 SEMINOLE DR

City-St-Zip: ORMOND BCH, FL 32174 US

Title: DF

Name: ALBRIGHT, JOHN P
Address: 1421 HOLTS GROVE CIRCLE
City-St-Zip: WINTER PARK, FL 32789 US

Title: V

Name: MOOTHART, GARY Address: 1304 MANDAN LANE

City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA CRISP VS 05/17/2012

CTLC

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DOCUMENT #P93000014887

OFFICER/DIRECTOR NAME AND ADDRESS TO BE ADDED TO ANNUAL REPORT FILING

TITLE

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NAME

ALLEN, JOHN J.

STREET ADDRESS 7220 FINANCIAL WAY STE 400 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE

NAME

SHELLEY, LINDA LOOMIS STREET ADDRESS 3018 SOUTHSHORE CIRCLE

CITY-ST-ZIP

TALLAHASSEE FL 32312

TITLE

NAME

DAVISON, WILLIAM H. STREET ADDRESS 10 MAGNOLIA LANE

CITY-ST-ZIP

ORMOND BEACH FL 32174

TITLE

NAME

SKINNER, III, A. CHESTER STREET ADDRESS 2963 DUPONT AVENUE STE 2

CITY-ST-ZIP

JACKSONVILLE FL 32217

TITLE

D

NAME

WARLOW, III, THOMAS P.

STREET ADDRESS P O BOX 547918

CITY-ST-ZIP

ORLANDO FL 32804-7918

TITLE

NAME

SERKIN, HOWARD C.

STREET ADDRESS 4811 BEACH BLVD, SUITE 300

CITY-ST-ZIP

JACKSONVILLE FL 32207

TITLE

NAME

OLIVARI, WILLIAM L.

STREET ADDRESS 141 SAGE BRUSH TR, STE D

CITY-ST-ZIP

ORMOND BEACH, FL 32174

LINDAWP/CORPMISC/Corp Annual Report wind