

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000043160 (9)

1. Corporation Name
STUART LAND COMPANY, INC.



Principal Place of Business: **416 FLAMINGO AVE. STUART FL 34996**
Mailing Address: **416 FLAMINGO AVE. STUART FL 34996**

3. Date Incorporated or Qualified: **06/17/1993**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0447013**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SABIN, CHARLES H
416 FLAMINGO AVE.
STUART FL 34996**

81. Name: **Jeffrey D. Chamberlin**
82. Street Address (P.O. Box Number is Not Acceptable): **227 SE Pelican Drive**
83.
84. City: **Stuart** FL 85. Zip Code: **34996**

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: *Jeffrey D. Chamberlin* **Jeffrey D. Chamberlin** 2/6/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	STD <input type="checkbox"/> DELETE
NAME	BAILEY, JAMES C.
STREET ADDRESS	416 FLAMINGO AVENUE
CITY- ST- ZIP	STUART FL 34996
TITLE	PD <input type="checkbox"/> DELETE
NAME	POSTON, BRYAN A JR.
STREET ADDRESS	289 RIDGE ROAD
CITY- ST- ZIP	JUPITER FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	CHAMBERLIN, JEFFREY D
STREET ADDRESS	227 SE PELICAN DRIVE
CITY- ST- ZIP	STUART FL 34996
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5121 Burning Tree Circle
2.4 CITY- ST- ZIP	Stuart, FL 34997
3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attached sheet with an address.

SIGNATURE: *Jeffrey D. Chamberlin* **Jeffrey D. Chamberlin** 2/6/96 407-220-4096
DATE DAYTIME PHONE #

CR2E034 (12/95)