


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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000066481 (1)**  
 1. Corporation Name  
**SOUTH ALABAMA LAND COMPANY**



Principal Place of Business P.O. BOX 1266 MARCO ISLAND FL 33969	Mailing Address P.O. BOX 1266 MARCO ISLAND FL 33969
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 1266 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1266 Suite, Apt. #, etc.
22 City & State 23 Marco Island, FL	27 City & State 28 Marco Island, FL
24 Zip 34146 Country USA	29 Zip 34146 Country USA

3. Date Incorporated or Qualified <b>09/17/1993</b>	4. FEI Number <b>65-0442536</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KELLY, CHARLES M JR**  
**KELLY, PRICE, SIKET & HEUERMAN**  
 2640 GOLDEN GATE PARKWAY, SUITE 315  
 NAPLES FL 33941-8117

10. Name and Address of New Registered Agent

81 Name **Kelly, Charles M. JR**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**Kelly, Price, Passidomo & Siket**  
 83 **2640 Golden Gate Parkway, Suite 315**  
 84 City **Marco Island** FL 85 Zip Code **34105**

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, JEROME F</b>	1.2 NAME	<b>Meyer, Jerome F</b>
STREET ADDRESS	<b>P.O. BOX 1266 N/A</b>	1.3 STREET ADDRESS	<b>P.O. Box 1266 N/A</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 33969</b>	1.4 CITY-ST-ZIP	<b>Marco Island, FL 34146</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, NATALIE P</b>	2.2 NAME	<b>Meyer, Natalie P.</b>
STREET ADDRESS	<b>P.O. BOX 1266 N/A</b>	2.3 STREET ADDRESS	<b>P.O. Box 1266 N/A</b>
CITY-ST-ZIP	<b>MARCO ISLAND FL 33969</b>	2.4 CITY-ST-ZIP	<b>Marco Island, FL 34146</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **1/13/98** (941) 394-6605

CR2E034 (10/97)