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 # **P94000082092 (5)**

1. Corporation Name
ECOSYSTEMS LAND MITIGATION BANK CORPORATION

Principal Place of Business
1555 HOWELL BRANCH RD
WINTER PARK FL 32789
US

Mailing Address
1555 HOWELL BRANCH RD
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-3280774** ☐ 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 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
FICKETT, ALAN G.
1555 HOWELL BRANCH RD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name: J. A. Jurgens
82 Street Address (P.O. Box Number Not Acceptable): 1555 Howell Branch Rd.
83 Suite C-200
84 City: Winter Park FL 85 Zip Code: 32789

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MCCARTHY, D. MILLER	
STREET ADDRESS	729 ALBA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	☑ DELETE
NAME	EXUM, JAY H	
STREET ADDRESS	401 METRIC DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE
NAME	LECCESE, SALVADORE	
STREET ADDRESS	1412 W. COLONIAL DRIVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	☐ DELETE
NAME	JURGENS, J.A.	
STREET ADDRESS	390 N. ORANGE AVE., SUITE 1300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	☑ DELETE
NAME	BUILDER, J. LINDSAY JR.	
STREET ADDRESS	390 N. ORANGE AVE., SUITE 1300	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	☐ DELETE
NAME	FICKETT, ALAN G	
STREET ADDRESS	1555 HOWELL BRANCH RD	
CITY-ST-ZIP	WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President / Director	☑ Change ☑ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 if changed, or on an attachment with an address.

SIGNATURE: Alan G. Fickett Alan G. Fickett — 1/15/96 — 407-629-7774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)