

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

FILED

**May 15 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Worthar Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034829 (7)

1. Corporation Name
CONFEDERATE LANDING, INC.



Principal Place of Business 4040 COMMERCIAL WAY SPRING HILL FL 34806	Mailing Address 4040 COMMERCIAL WAY SPRING HILL FL 34806-2398
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3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report
4. FEI Number 59-3376324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 13525 Allyn Dr Suite, Apt. #, etc.	2a. Mailing Address 26 13525 Allyn Dr Suite, Apt. #, etc.
22 Hudson FL City & State	27 Hudson FL City & State
23 34667 FL Zip Country	28 34667 FL Zip Country

9. Name and Address of Current Registered Agent
**SCHRADER, JEROME G
37837 MERIDIAN AVENUE, SUITE 314
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name John F Anthony
82 Street Address (P.O. Box Number is Not Acceptable) 13525 Allyn Dr
83
84 City Hudson FL
85 Zip Code 34667

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: **John F. Anthony Vice President** **John B. Coulter** **22 April 1997**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MOFFITT, VICKI
STREET ADDRESS	13523 ALLYN DRIVE
CITY-ST-ZIP	HUDSON FL 34867
TITLE	D <input type="checkbox"/> DELETE
NAME	LOVEJOY, OWEN B
STREET ADDRESS	4040 COMMERCIAL WAY
CITY-ST-ZIP	SPRING HILL FL 34806
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: **John B. Coulter** **John F Anthony** **1/21/97** **813-869-0754**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)