

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P96000034829 (7)**
1. Corporation Name
CONFEDERATE LANDING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 13525 ALLYN DR HUDSON FL 34667 US

Mailing Address: 13525 ALLYN DR HUDSON FL 34667 US

21. Principal Place of Business: *243 Kirkland Rd New Smyrna Beach Fla*

22. City & State: *New Smyrna Beach Fla*

23. Zip: *32170*

24. Country: *US*

3. Date Incorporated or Qualified: **04/19/1996**

4. FEI Number: **30-3376324**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ANTHONY, JOHN
13525 ALLYN DR HUDSON FL 34667

Change to ↓
Owen B. Lovejoy D.D.S.
P.O. Box 2071
New Smyrna, FL 32170-2071

10. Name and Address of New Registered Agent

81 Name: **Owen B. Lovejoy**

82 Street Address (P.O. Box Number is Not Acceptable): **243 KIRKLAND ROAD**

84 City: **NEW SMYRNA BEACH FL**

85 Zip Code: **32169**

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: *Owen B. Lovejoy president* DATE: **10 Feb 98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFITT, VICKI	1.2 NAME	Owen B. Lovejoy D.D.S.
STREET ADDRESS	13523 ALLYN DRIVE	1.3 STREET ADDRESS	P.O. Box 2071
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	New Smyrna, FL 32170-2071
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Owen R. Lovejoy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVEJOY, OWEN B	2.2 NAME	P.O. Box 2071
STREET ADDRESS	4040 COMMERCIAL WAY	2.3 STREET ADDRESS	New Smyrna Beach Fl 32170
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
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: *Owen B. Lovejoy* DATE: **10 Feb 98**

CR2E034 (10/97)

904 427 7531
904 423 7349