

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 # J07289 (8)

1. Corporation Name

AMERICAN LAND SALES, INC.



Principal Place of Business

Mailing Address

C/O BEN CAMPEN
P O DRAWER 1209
GAINESVILLE FL 32602-3666

C/O BEN CAMPEN
P O DRAWER 1209
GAINESVILLE FL 32602-3666

2. Principal Place of Business

21 P.O. Box 140907

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 140907

Suite, Apt. #, etc.

City & State

City & State

23 Gainesville, FL

28 Gainesville, FL

Zip Country

Zip Country

24 32614-0907

25

29 32614-0907

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPEN, BEN
2630 NW 41ST ST., SUITE D-1
GAINESVILLE, FL 32606 32606

81 Name

(same agent - new address)

82 Street Address (P.O. Box Number is Not Acceptable)

7810 S.W. 26th Place

83

84 City

Gainesville,

FL

85 Zip Code
32607

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPEN, BEN
STREET ADDRESS P. O. DRAWER 1209, NA
CITY-STATE-ZIP GAINESVILLE FL
☐ DELETE

TITLE VD
NAME CAMPEN, JOHN
STREET ADDRESS 2517 NW 65TH TERRACE
CITY-STATE-ZIP GAINESVILLE FL
☐ DELETE

TITLE TSD
NAME HALL, SYLVIA H
STREET ADDRESS P.O. BOX 194, NA
CITY-STATE-ZIP WALDO FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
☒ Change ☐ Addition
Address Only

P.O. Box 140907
Gainesville, FL 32614-0907

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
☒ Change ☐ Addition
Address Only

2613 S.W. 81st St.
Gainesville, FL 32607

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP
☐ Change ☐ Addition

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:

John Campen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN CAMPEN

2-5-96

Date

(352) 331-4367

Daytime Phone #

CR2E034 (12/95)