

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 # P93000033442 (3)

1. Corporation Name

AVIVA LAND HOLDINGS, INC.



Principal Place of Business

6100 DEACON DRIVE  
WINDERMERE FL 34786  
US

Mailing Address

~~6100 DEACON DRIVE~~  
~~WINDERMERE FL 34786~~  
~~US~~

3. Date Incorporated or Qualified

05/07/1993

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 200 S. Orange Ave.

4. FEI Number

~~50-0470040~~ 59-3179448

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2300

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 Orlando, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32801-3432 25

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~F & L CORP.~~  
~~THE GREENLEAF BLDG, THIRD FLOOR~~  
~~200 LAURA STREET~~  
~~JACKSONVILLE FL 32204-0240~~

81 Name

A.G.C. Co.

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

200 S. Orange Ave.

83

Suite 2300

84 City

Orlando

FL

85 Zip Code

32801-3432

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

By: *A.G.C. Co.*  
*G. Thomas Ball, Vice President*

3/22/96

Signature of Registered Agent (Print Name and Title)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE PD  
NAME SILVERTON TOBY N  
STREET ADDRESS 5353 ISLEWORTH COUNTRY CLUB DR  
CITY-ST-ZIP WINDERMERE FL

13. ☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ DELETE

TITLE VD  
NAME SILVERTON VIVIANNE  
STREET ADDRESS 5353 ISLEWORTH COUNTRY CLUB DR  
CITY-ST-ZIP WINDERMERE FL

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ DELETE

TITLE VSD  
NAME KAY CHRISTOPHER K  
STREET ADDRESS 5524 ISLEWORTH COUNTRY CLUB DRIVE  
CITY-ST-ZIP WINDERMERE FL

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ DELETE

TITLE VTD  
NAME VOSS, JEFFERSON R  
STREET ADDRESS 550 JEFFERSON STREET  
CITY-ST-ZIP OAKLAND FL

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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 from an attachment with an address.

SIGNATURE: *Jefferson R. Voss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFERSON R. VOSS

4-11-96

Date

407.876.5432

Daytime Phone #

CR2E034 (12/95)