

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 838500 (7)
1. Corporation Name
MOBIL LAND DEVELOPMENT (FLORIDA) CORPORATION



Principal Place of Business
4440 PGA BLVD.
SUITE 601
PALM BEACH GARDENS FL 33410
US

Mailing Address
1201 ELM STR
ATTN: TAX ADMIN DEPT
DALLAS TX 75270-2014
US

3. Date Incorporated or Qualified
05/26/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
13-2896655

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 3225 GALLOWES ROAD
27 STATE TAX DEPT.
28 FAIRFAX VA
29 22037
30

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BROWN, D.	1.2 NAME	
STREET ADDRESS	4440 PGA BLVD., S-601	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	STEVENSON, P.A.	2.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T
NAME	CASELLI, J.A.	3.2 NAME	SARNOWSKI, J.A.
STREET ADDRESS	3225 GALLOWES RD	3.3 STREET ADDRESS	3225 GALLOWES ROAD
CITY-ST-ZIP	FAIRFAX VA	3.4 CITY-ST-ZIP	FAIRFAX VA 22037
TITLE	V	4.1 TITLE	
NAME	HONIG, S.	4.2 NAME	
STREET ADDRESS	4440 PGA BLVD., #601	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	AS/D
NAME	OLSON, C.T.	5.2 NAME	PEEL, N.D.
STREET ADDRESS	1201 ELM ST.	5.3 STREET ADDRESS	11911 Freedom Drive
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	RESTON VA 22090-5605
TITLE	AS	6.1 TITLE	
NAME	GARNEY, G. G.	6.2 NAME	
STREET ADDRESS	3225 GALLOWES RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information furnished 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 or on an attachment with an address.

SIGNATURE:

G. G. GARNEY ASST. SECRETARY

4/18/96 (703) 846-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)