

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 # P93000046015 (2)

1. Corporation Name

CONTINENTAL ACREAGE CO., INC.



Principal Place of Business

Mailing Address

5200 AMY WAY
MIMS FL 32754
US

5200 AMY WAY
MIMS FL 32754
US

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 600 S. Hopkins Ave.

26 P. O. Box 733

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Titusville, Florida

28 Mims, Florida

Zip

Country

Zip

Country

24 32796

25 Brevard

29 32754

30 Brevard

4. FEI Number

59-3240915

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENNARD, AMY R
5200 AMY WAY
MIMS FL 32754

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the above-named corporation, submit 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 PS ☐ DELETE

NAME DENNARD, AMY R
STREET ADDRESS 5200 AMY WAY
CITY-ST-ZIP MIMS FL 32754

1.1 TITLE President ☒ Change ☐ Addition

12 NAME Amy R. Dennard
13 STREET ADDRESS 5200 Amy Way
14 CITY-ST-ZIP Mims, Florida 32754

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Secretary-Treasurer ☐ Change ☒ Addition

22 NAME Sandra H. Withers
23 STREET ADDRESS 2924 Flora Street
24 CITY-ST-ZIP Titusville, Florida 32796

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Vice-President ☐ Change ☒ Addition

32 NAME Ruby R. Horne
33 STREET ADDRESS 2331 Rockledge Drive
34 CITY-ST-ZIP Rockledge, Florida 32955

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

100001837121
-05/23/96--01056--037

***200.00

5-1-96
DEB

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:

Amy R. Dennard

Amy R. Dennard

4/25/96

407 268-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)