May 06, 1999 8:00 am Secretary of State

05-06-1999 90138 037 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # \$35935

1. Corporation Name

PREMIER LAND CORPORATION

Principal Place	of Business	Mailing Address							., 51411 51511 1551
P.O. BOX 77066		P.O. BOX 770668							
OCALA FL 34477		OCALA FL 34477				DO NOT WRITE IN THIS SPACE			
US		US			+	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
						02/28/1991	ı		İ
5 P-ii! Pi	and of Dunings	2a. Mailing Address				4. FEI Number		$\overline{}$	Applied For
<del>_</del>	ace of Business	}			1	59-3116173		\ <del>\ \ \ -</del>	Vot Applicable
21)		Suite, Apt. #, etc.				39 3110170			Additional
Suite, Apt. #, etc.		27			-	5. Certifcate of Status Desired		,	Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
<del></del>		28				Trust Fund Contribution			d to Fees
Zip Country		Zip Country			-	8. This corporation owes the cur	rent vear Inta		
24	25	·	10			Personal Property Tax.	Tone your mic	Yes	□No
	9. Name and Address of Currer			—		10. Name and Address of New	Registered A	Agent	
5. Name and Address of Current Registered Agent					ame		<del>-</del>		
BLAN	NCHARD, DOCK A								
4 SO	OUTHEAST BROADWAY		82 Street			s (P.O. Box Number is Not Accep	tab <del>le</del> }		
OCA	LA FL 34470		83	+-				<del></del>	
			03	1					
			84	Ci	ty		FL	85 Zip	Code
	<del></del>			<u>L</u>		di	. –		te registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was aut	horized by	tne i	med corpora corporation's	s board of directors. I hereby acc	ept the appoir	tment as	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	ta Statutes	5.					
SIGNATURE									\
Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS			TE: Registered Agent signature requi		ature required wh	hen reinstating) ADDITIONS/CHANGES TO O	DATE CELCERS AND	ח חופברו	ORS IN 12
12.	PD OFFICERS AF	DELETE	-			ADDITIONS/CHAINGES TO O	THOUNS AN	Change	
TITLE	• •	□ DELETE	1.1 TITLE		\				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	ZAHN, IRVING		1.2 NAME						
STREET ADDRESS	1301 SW 37TH AVENUE		1.3 STREET ADDRESS		1				
CITY-ST-ZIP	OCALA FL 34474	5) priest	1.4 CITY-5	ST-ZiP				Change	e Addition
TITLE	VPD	☐ DELETE	2.1 TITLE					Change	, D Addition
NAME	GOEBEL, JACK		2.2 NAME						
STREET ADDRESS	1301 SW 37TH AVENUE	NUE 2.3		2.3 STREET ADDRESS					
CITY-ST-ZIP	OCALA FL 34474		2. 4 CITY-ST-ZIP						
TITLE	STD	☐ DELETE	3.1 TITLE					Change	e Addition
NAME	LEE, DOROTHY		3.2 NAME		Ì				
STREET ADDRESS	1301 SW 37TH AVENUE		3.3 STREE	T ADD	RESS				
CITY-ST-ZIP	OCALA FL 34474		3.4. CITY-5	ST-ZIP	·				
TITLE -		☐ DELETE	4.1 TITLE					Change	e 🔲 Addition
NAME			4. 2 NAME						
STREET ADDRESS		4.3		4.3 STREET ADDRESS					
CITY-ST-ZIP	4.4.0		4.4 CITY-S	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	e
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADD	RESS				
C/TY-ST-Z/P			5.4 C/TY-S	ST-ZiP			_		
TITLE		☐ DELETE	6.1:TITLE					Change	e Addition
NAME			6.2 NAME						ſ
STREET ADDRESS			6.3 STREE	TADD	RESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4-28-99 352 237 5900