2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2019
Secretary of State
6879125492CC

DOCUMENT# P93000014887

Entity Name: CONSOLIDATED-TOMOKA LAND CO.

Current Principal Place of Business:

1140 N. WILLIAMSON BLVD., SUITE 140
DAYTONA BEACH, FL 32114

Current Mailing Address:

P O BOX 10809
DAYTONA BEACH, FL 33120-0809 US

FEI Number: 59-0483700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, DANIEL E
1140 N. WILLIAMSON BLVD., SUITE 140
DAYTONA BEACH, FL 32114 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DP
Name	ALBRIGHT, JOHN P
Address	1421 HOLTS GROVE CIRCLE
City-State-Zip:	WINTER PARK FL 32789

Title	CD
Name	FRANKLIN, LAURA M
Address	11125 LUXMANOR RD
City-State-Zip:	ROCKVILLE MD 20852

Title	V
Name	GREATHOUSE, STEVEN R
Address	8 LION'S HEAD DRIVE
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	OLIVARI, WILLIAM L
Address	8 CREEKVIEW WAY D
City-State-Zip:	ORMOND BEACH FL 32174

Title	V
Name	PATTEN, MARK E
Address	1650 N MILLS AVE APT 457
City-State-Zip:	ORLANDO FL 32803

Title	VAS
Name	THORNTON-HILL, TERESA
Address	1225 CLARK BAY ROAD
City-State-Zip:	DELAND FL 32724

Title	DIRECTOR
Name	WARLOW, THOMAS P III
Address	1717 EDGEWATER DR
City-State-Zip:	ORLANDO FL 32854

Title	DIRECTOR
Name	SERKIN, HOWARD C
Address	4417 BEACH BLVD STE 302
City-State-Zip:	JACKSONVILLE FL 32207-9404

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL E. SMITH CS 02/06/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title VP, SECRETARY
Name SMITH, DANIEL E.
Address 58221 ANTIGUA DRIVE
City-State-Zip: PORT ORANGE FL 32127

Title D
Name WOLD, CASEY R
Address 130 E. RANDOLPH, SUITE 2100
City-State-Zip: CHICAGO IL 60601

Title D
Name GABLE, R BLAKE
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title VP
Name VORAKOUN, LISA
Address 2525 VALLEY VIEW CT
City-State-Zip: DELAND FL 32720

Title VP
Name BULLOCK, E SCOTT
Address 1650 N MILLS AVE
APT 142
City-State-Zip: ORLANDO FL 32803

Title D
Name BROKAW, GEORGE
Address 410 PARK AVENUE, SUITE 1720
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR
Name HAGA, CHRIS
Address 2100 MCKINNEY AVENUE, SUITE 1800
City-State-Zip: DALLAS TX 75201