#### 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. 01/11/2017

# SIGNATURE: MICHELLE ANN JACOBS

Electronic Signature of Signing Officer/Director Detail

<u>2017</u>	FLORIDA P	ROFIT CORP	ORATION ANI	NUAL REPORT

DOCUMENT# P94000036682

#### Entity Name: WACCAMAW LAND CORPORATION

#### **Current Principal Place of Business:**

1330 PHILLIPS ST FLEMING ISLAND, FL 32003

#### **Current Mailing Address:**

1330 PHILLIPS ST FLEMING ISLAND, FL 32003

## FEI Number: 59-3244103

# Name and Address of Current Registered Agent:

WILLIAMS, GRADY H 1279 KINGSLEY AVENUE #117 ORANGE PARK, FL 32703 US

FILED Jan 11, 2017 Secretary of State CC5336258056

Certificate of Status Desired: Yes

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

## **Officer/Director Detail :**

Unicer/Director Detail.					
Title	Р	Title	V		
Name	JACOBS, WILLIAM A	Name	DIETRICH, WILLIAM G		
Address	3185 HWY 17	Address	2973 BERNICE DR		
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	JACKSONVILLE FL		
Title	S	Title	Т		
l itle Name	S JACOBS, MICHELLE A	Title Name	T JACOBS, MICHELLE A		
	-		T JACOBS, MICHELLE A 2020 BELLE GROVE TRACE		
Name	JACOBS, MICHELLE A 2020 BELLE GROVE TRACE	Name	2020 BELLE GROVE TRACE		

SECRETARY

Date

Date