

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 # 184170 (9)  
1. Corporation Name  
THE PEQUOT LAND COMPANY



Principal Place of Business Mailing Address  
2331 CHERRYWOOD LANE 2331 CHERRYWOOD LANE  
ORLANDO FL 32803 ORLANDO FL 32803

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 03/28/1955 3a. Date of Last Report 02/14/1995  
4. FEI Number 59-6067606 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

CAVANAUGH, MRS. LOUISE B  
2331 CHERRYWOOD LANE  
ORLANDO FL 32803

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, 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 the filer if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGER, RUFUS	1.2 NAME	
STREET ADDRESS	11 OAKLAND AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LYME CT	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, H. O. JR.	2.2 NAME	
STREET ADDRESS	250 WILLOW ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SOUTHPORT CT	2.4 CITY-STATE-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, DAVID H	3.2 NAME	
STREET ADDRESS	2888 BAYSHORE DR APT B4	3.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PORT BCH CA	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, THOMAS J	4.2 NAME	
STREET ADDRESS	90 LINDA ISLE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PORT BCH CA	4.4 CITY-STATE-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, LOUISE B	5.2 NAME	
STREET ADDRESS	2331 CHERRYWOOD LN	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, CYNTHIA L	6.2 NAME	
STREET ADDRESS	1100 PEQUOT AVE	6.3 STREET ADDRESS	
CITY-STATE-ZIP	SOUTHPORT CT	6.4 CITY-STATE-ZIP	

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:

*Louise B. Cavanaugh Sec. Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96  
Date

407-894-8774  
Daytime Phone #

CR2E034 (12/95)