

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2331 CHERRYWOOD LANE
ORLANDO FL 32803

Mailing Address
2331 CHERRYWOOD LANE
ORLANDO FL 32803-1501



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
03/28/1955

3a. Date of Last Report
04/05/1996

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

10. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARRINGER, RUFUS	
STREET ADDRESS	11 OAKLAND AVE	
CITY - ST - ZIP	LYME CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PERRY, H. O JR.	
STREET ADDRESS	250 WILLOW ST	
CITY - ST - ZIP	SOUTHPORT CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, DAVID H	
STREET ADDRESS	2888 BAYSHORE DR APT B4	
CITY - ST - ZIP	NEW PORT BCH CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, THOMAS J	
STREET ADDRESS	90 LINDA ISLE	
CITY - ST - ZIP	NEW PORT BCH CA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, LOUISE B	
STREET ADDRESS	2331 CHERRYWOOD LN	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, CYNTHIA L	
STREET ADDRESS	1100 PEQUOT AVE	
CITY - ST - ZIP	SOUTHPORT CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

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

2/19/97
Date

407
894-8774
Daytime Phone #

CR2E034 (9/96)