FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **216507** **(4)**

1. Corporate Name
CRESCENT CITY LAND COMPANY

Principal Place of Business
RT 1 BOX 552
CRESCENT CITY FL 32112-9627

Mailing Address
RT 1 BOX 552
CRESCENT CITY FL 32112-9627

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/1958**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

4. FEI Number: **59-6061876** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, JOHN C
RT 1 BOX 552
CRESCENT CITY, FL
CRESCENT CITY FL 32112

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 607.0501 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: (Required if this is a change of registered agent. Typed or printed name of registered agent and title if agent is an officer or director of a corporation.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PD	31 TITLE	☐ Change ☐ Addition
32 NAME	WILLIAMS,JOHN C.	32 NAME	
33 STREET ADDRESS	R 1, BOX 552	33 STREET ADDRESS	
34 CITY ST ZIP	CRESCENT CITY FL	34 CITY ST ZIP	
35 TITLE	V	35 TITLE	☐ Change ☐ Addition
36 NAME	ASBURY, JAY D.	36 NAME	
37 STREET ADDRESS	310 S. PROSPECT ST.	37 STREET ADDRESS	
38 CITY ST ZIP	CRESCENT CITY FL	38 CITY ST ZIP	
39 TITLE	S	39 TITLE	☐ Change ☐ Addition
40 NAME	WILLIAS, RUBY	40 NAME	
41 STREET ADDRESS	R 1, BOX 552	41 STREET ADDRESS	
42 CITY ST ZIP	CRESCENT CITY FL	42 CITY ST ZIP	
43 TITLE		43 TITLE	☐ Change ☐ Addition
44 NAME		44 NAME	
45 STREET ADDRESS		45 STREET ADDRESS	
46 CITY ST ZIP		46 CITY ST ZIP	
47 TITLE		47 TITLE	☐ Change ☐ Addition
48 NAME		48 NAME	
49 STREET ADDRESS		49 STREET ADDRESS	
50 CITY ST ZIP		50 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
55 TITLE		55 TITLE	☐ Change ☐ Addition
56 NAME		56 NAME	
57 STREET ADDRESS		57 STREET ADDRESS	
58 CITY ST ZIP		58 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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: John C. Williams Pres. 4-20-95 904-649-4672
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Telephone Number)

0402701 FP