

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 328583 (0)**

1. Corporation Name  
**GULF FLORIDA LAND CORPORATION**



Principal Place of Business <b>207 ATKINS RD. GEORGETOWN FL 32139 US</b>	Mailing Address <b>P O BOX 327 GEORGETOWN FL 32139-0327 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/09/1968</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>59-1215796</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ATKINS, WYMAN  
207 ATKINS ROAD  
GEORGETOWN FL 32139**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent, if not applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	NAME <b>ATKINS, WYMAN</b>	1.1 TITLE <b>P</b>	1.2 NAME <b>Atkins, Wyman</b>
STREET ADDRESS <b>205 OAK GROVE STREET</b>	CITY-ST-ZIP <b>ORMOND BEACH FL</b>	1.3 STREET ADDRESS <b>207 ATKINS RD.</b>	1.4 CITY-ST-ZIP <b>Georgetown, FL 32139</b>
TITLE <b>VS</b>	NAME <b>ATKINS, ROSA L.</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>207 ATKINS RD.</b>	CITY-ST-ZIP <b>GEORGETOWN FL</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>V</b>	NAME <b>BRAZIL, DONALD</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>970 SE 5TH AVENUE</b>	CITY-ST-ZIP <b>POMPANO BEACH FL</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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: Sandra B. Mortham Date: 1-16-97 Daytime Phone #: 904-467-2138

CR2E034 (9/96)