

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 APR 27 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 336071 (6)

1. Corporation Name
FAN LAND CORPORATION

Principal Place of Business Mailing Address
1420 HORSESHOE CREEK ROAD 1420 HORSESHOE CREEK ROAD
DAVENPORT FL 33837 DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		10/07/1968	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		26 City & State		NOT APPLICABLE	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
GLASS, CHARLES E 1420 HORSE CREEK RD. DAVENPORT FL 33837		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		85 Zip Code			
		FL			
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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, ANDREW J	1.2 NAME	
STREET ADDRESS	125 BAY ST. W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERLIN, FREDDIE J.	2.2 NAME	
STREET ADDRESS	PINK APT. RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT FL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASS, CHARLES E.	3.2 NAME	
STREET ADDRESS	1420 HORSE CREEK RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONROY, ALBERT L.	4.2 NAME	
STREET ADDRESS	1 HOLLY HILL DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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 110.07(3)(b), 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: Charles E. Glass *Charles E. Glass* 4/10/95 813 422 1879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)