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

FILED

DOCUMENT # 337632 (4)

1. Corporation Name

O.T. MELVIN LAND CORPORATION

Principal Place of Business	Mailing Address
HIGHWAY 98, P.O. BOX 546 DESTIN FL 32540-0546	HIGHWAY 98, P.O. BOX 546 DESTIN FL 32540-0546

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1973
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:

City & State — 23:
City & State — 28:

Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-1563953 ☐ 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

SHAW, GWENDOLYN M.
701 BAYOU DR.
DESTIN FL 32541

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, typed or printed name of the registered agent and the date as well.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MELVIN JR., D.T.	12 NAME	
STREET ADDRESS	LA. RT., 1	13 STREET ADDRESS	
CITY-ST-ZIP	LAROSE LA	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	SHAW,GWENDOLYN	22 NAME	
STREET ADDRESS	701 BAYOU DR.	23 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	VAGIAS, CAROLYN M.	32 NAME	
STREET ADDRESS	815 TARPON DR.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	QUINN, MARGARET M.	42 NAME	
STREET ADDRESS	55-25 14TH AVE NORTH	43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Gwendolyn M. Shaw — Sec. — Feb. 2, 95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #
GWENDOLYN M. SHAW

0470217 FP