


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90010 016 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 386776 1. Corporation Name FOUNTAIN FRENCH LAND CO., INC.					
Principal Place of Business U.S. HWY. 301 SOUTH P.O. BOX 582 NAHUNTA GA 31553-0582			Mailing Address U.S. HWY. 301 SOUTH P.O. BOX 582 NAHUNTA GA 31553-0582		
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		
9. Name and Address of Current Registered Agent BONVENTRE, BETTY JO 11943 GREENWOOD CT JACKSONVILLE FL 32216			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PC <input type="checkbox"/> DELETE NAME MOORE, WILLIAM STREET ADDRESS US HWY 301 S CITY-ST-ZIP NAHUNTA GA			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE NAME CHESSER, ALINE STREET ADDRESS 1459 E 15TH ST CITY-ST-ZIP JACKSONVILLE FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S <input checked="" type="checkbox"/> DELETE NAME NETTLES, LISA A. STREET ADDRESS 710 SWEETWATER DR. CITY-ST-ZIP BLACKSHEAR GA			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Leon Lee 3.3 STREET ADDRESS US Hwy 301 S 3.4 CITY-ST-ZIP Nahunta, GA		
TITLE D <input type="checkbox"/> DELETE NAME BONVENTRE, BETTY JO STREET ADDRESS 11943 GREENWOOD CT CITY-ST-ZIP JACKSONVILLE FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE V <input type="checkbox"/> DELETE NAME HENDRIX, DANA STREET ADDRESS U.S. HWY. 301 SOUTH CITY-ST-ZIP NAHUNTA GA			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Ida Moore 6.3 STREET ADDRESS US Hwy 301 S. 6.4 CITY-ST-ZIP Nahunta, GA		

14. I 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:  **William Moore, President** 7/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)