SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 12:04

DOCUMENT # **396610** **(8)**

1. Corporation Name

FLORIDA LAND TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
6018 PEREGRINE AVENUE SUITE 107 ORLANDO FL 32819 US	6018 PEREGRINE AVENUE SUITE 107 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1972
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 6018 PEREGRINE AVENUE	26 6018 PEREGRINE AVENUE
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc 27 N/A
City & State 23 ORLANDO, FLORIDA	City & State 28 ORLANDO, FLORIDA
Zip / Country 24 32819 / 25 ORANGE	Zip / Country 29 32819 / 30 ORANGE

4. FEI Number: 59-1379123 ☐ 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	10. Name and Address of New Registered Agent
YERGEY, D ARTHUR 211 N MAGNOLIA AVE ORLANDO FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	PD	11 TITLE	PD	XX Change ☐ Addition
NAME	FINCH, WILLIAM F.	12 NAME	FINCH, WILLIAM F.	
STREET ADDRESS	3300 S. HIAWASSEE ROAD, SUITE 107	13 STREET ADDRESS	6018 PEREGRINE AVENUE	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	ORLANDO FL 32819	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	MEYER III, CHARLES A	22 NAME		
STREET ADDRESS	2601 CARTER GROVE CR	23 STREET ADDRESS		
CITY ST ZIP	ORLANDO, FL 00000	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		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		

CR2E034 (3/95)

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: _____ 6/12/95 407-849-0770
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

WILLIAM F. FINCH, PRESIDENT

0011020 CP